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**A PRACTICE-LED EXPLORATION
INTO THE RELATIONSHIP
BETWEEN ART AND PSYCHOSIS**

NIKOLAOS KABITSIS

PhD

2009

**A PRACTICE-LED EXPLORATION
INTO THE RELATIONSHIP
BETWEEN ART AND PSYCHOSIS**

NIKOLAOS KABITSIS

A thesis submitted in partial fulfillment of
the requirements of the University of
Northumbria at Newcastle for the degree
of Doctor of Philosophy

Research undertaken in the School of Arts
and Social Sciences

July 2009

Abstract

The goal of this project was to invent a new way of combining artistic practice (in the studio) with psychopathology. As a sculptor, I aimed to find a novel artistic direction which would allow me to create sculpture, as a practitioner in a Postmodernist context, influenced by psychology and more specifically psychosis. Initially I examined the concept of psychosis both as a medical and psychological condition, by looking at its symptoms, categories, and causes, from ancient times to the present. I also examined psychosis, or mental illness in a more general sense, as a social condition by exploring the effects of institutionalisation, and the upkeep of patients from the ancient times to the present. This served as an introduction to the condition in order to enable me to refer to various of its characteristics (both psychological and social) later on in the study. As a next step I investigated the history of psychotic artistic creation by looking at the establishment of the concept of Psychotic Art, and its psychological bases. I then approached the interrelationship of art and psychosis by looking at the effects of art on psychosis. For this I examined some common artistic characteristics (elements and principles of design, and subject matter) of artwork by patients who were previously (to the onset of the disorder) untrained in art. Following that, I approached the interrelationship from the opposite angle by looking at the effects of psychosis on art, and investigated the artworks of previously trained artists who continued to produce work after the onset of psychosis. The next step was to explore the effects of Psychotic Art on Modernism by looking at the influence it has exerted upon certain Modernist movements (Expressionism, Surrealism, and Art Brut) who I named 'Simulators' of Psychotic Art, and its similarities with other forms of 'marginal' art. With this I introduced the concept of Simulation. Afterwards I examined the Simulation of Psychotic Art by Postmodernist artists and the changes it went through due to the differences in Postmodernist artistic practices. Finally, I adopted certain psychological features of the psychotic condition and, utilising the concept of Simulation, combined them with Postmodernist practices (for example conceptual art) in order to create my own blend of contemporary artistic practice directly linked to psychopathology. It resulted in the creation of a series of descriptions of potential sculptural pieces which were inscribed on walls (and other environmental surroundings) of the educational institution where I undertook the study. This was in fashion with early artistic creation of institutionalised patients (which was also on walls) and placed me in the category of contemporary Simulators of Psychotic Art. The artistic process I have utilised for the creation of the sculptural pieces can ideally be replicated by other contemporary art practitioners in order to create art influenced by other psychopathological or pathological states.

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Acknowledgements

The reason for undertaking this study was to expand my knowledge of art-related issues, especially ones having to do with mental illness. It was also my goal to contribute to the ever expanding field of artistic practice while influenced by the above knowledge. I would like to thank my supervisors at Northumbria University, Chris Dorsett and Professor Allan Ingram, without whose help the completion of this thesis would not have been possible. I would also like to thank I.K.Y (the Greek National Scholarship Organisation) for funding this research degree, and Efthimios Panurgias for supervising my progress, on behalf of I.K.Y. Finally, I would like to thank Paulos Vasiliadis and Genovefa Vasiliadou, who helped me significantly in acquiring visual material for this thesis, and Gavin Robson for his interest and input during the early stages of the project.

I would like to dedicate this to my family and friends, who supported me psychologically through this long and arduous process.

Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work.

I also confirm that I have completed an appropriate training programme in agreement with the School Research Committee and in accordance with the regulatory requirements of the University of Northumbria at Newcastle.

Name:

Signature:

Date: 10/07/2009

Introduction

'Madness, provided it comes as a gift from heaven, is the channel by which we receive the greatest blessings...the men of old who gave things their names saw no disgrace or reproach in madness; otherwise they would not have connected it with the noblest of all arts, the art of discerning the future, and called it the manic art...So according to the evidence provided by our ancestors, madness is a nobler thing than sober sense...madness comes from God, whereas sober sense is merely human'. Socrates

The topic of psychosis has been an interest of mine for sometime. It dates back to the time I was studying psychology during my secondary education at school. I developed a curiosity for the polarity between usual or conventional behaviour and that which is considered 'abnormal'. It is possible that I was subliminally influenced by a view which has been developed by the psychiatrist Leo Navratil (who will be revisited later on in the thesis), that, while the acquisition of 'culture' coincides with the development of intellect, it may simultaneously coincide with a regression of personal maturity and freedom (Cardinal, 1972, p.10). If this was indeed so, then perhaps I was subconsciously delving into the 'counterculture' designated by these unconventional behaviours in an attempt to mature and emancipate myself from the 'formal culture' provided by my secondary education. Since then I have continued to be interested in the workings of the mind and have become increasingly aware of the complex states of existence and mental processes which constitute human experience, many of which have been excluded from accepted social norms throughout history. My interest expanded as I undertook a bachelor's degree with a double major, in psychology and fine art, at an American institution called Wabash College. This was the first opportunity I had to combine the fields of psychology and fine art.

By combining these two disciplines I was able to explore a range of theoretical explanations for treating my creativity as a form of release or escape from the

ominous reality that seemed to surround me (which at the time I considered to be integral to my well-being). The growing sense of self-expression I experienced at the time convinced me that fine art practice (I was thinking of the production of sculptures, paintings and drawings) had a vital role for many people, not just those who wanted to be artists in the conventional sense of the word, in making the world a tolerable place to live in. In addition, I realised that if I wanted to create something truly novel and radical, I had to break with the existing tradition of academic art and deviate from the artistic norm. According to the art educator (and lawyer) Anton Ehrenzweig (1908-1966), this is a dangerous process which requires a disposal of traditional modes of rational thought, thus involving a certain degree of “self-destruction” (Cardinal, 1972, p.11). This incentive led me to search for ways in which I could diverge from academic art and engage in a process of artistic creation by utilising a certain degree of ‘self destruction’. After careful introspection I deduced that there was perhaps no better way for an artist to dispose of ‘rational thought patterns’ than to enter the realms of mental illness.

Once I had made this discovery, I planned to further investigate the creative practices encompassed by the combined study of psychology and fine art. I was keen to establish myself as an artist but also wanted to understand and utilize the creative insights uncovered by psychopathology. I was mainly an artist looking to psychopathology for inspiration. It was not long before I was busy reading the extensive literature on the topic of art and psychosis. I found that I shared the excitement and interest that many artists have felt about the artworks produced by those suffering from psychosis. The impact of Psychotic Art (as an extensive genre of art has become known; the earliest reference I have found to ‘art of the mentally ill’ and also the term ‘schizophrenic artist’ was in Hanz Prinzhorn’s book *Artistry of the*

mentally ill [1922]) on the history of art through the eighteenth, nineteenth and twentieth centuries has been much discussed by psychologists, historians, educationists, aestheticians and art critics, and I set out on my own artistic journey following in the footsteps of the influential Modernist movements of the past hundred years who did so much to define and promote a wider interest in the radical creativity of psychotics.

However, an apparently impassable obstacle lay in my path. This was Postmodernism and the thinking patterns it cultivated in the minds of artists during the latter decades of the past century. Painters and sculptors came to share the installation artist's interest in 'audience and context' (two words that turn up time and time again in undergraduate and postgraduate modules in the Visual Arts programme at Northumbria University, the institution in which I have researched this doctoral project). By the arrival of the new millennium, it seems that all but the most retrograde artists had turned from the formal rigors of authentic self-expression to an interpretive manipulation of the environment of reception. As a practitioner who felt he had to understand and meet the challenge of Postmodernism, I was interested in finding out if Psychotic Art was still a viable approach to artistic creation: could it be used as a conceptual tool in the development of new, audience-oriented practices?

Another question that arose at this point concerned the ethical dimension of using Psychotic Art as a conceptual and creative tool. Should it be used in this way? Was my approach unethical? The answer was almost certainly 'yes' but I carefully considered my position comparing my ideas to examples of creative practices (both in fine art as well as music, literature, poetry, theatre and cinema) that focus on mental and physical illness, war, poverty, racism, terrorism, crime, and other serious or sensitive issues (for example, Santiago Sierra's *Ten People Paid to Masturbate* [2000])

or Andres Serrano's *Piss Christ* [1989]). In this respect, I felt I must have, at least, a similar justification for exploring difficult themes and, given that I was not just making art about Psychotic Art but also making art about Psychotic Art as practice-led research, I felt I should proceed despite the discomfort. After all, in the end, I was trying to provide knowledge for practitioner communities in which difficult issues are accepted starting points for creative journeys. There was a long history of artists working with themes of mental illness and the research audience I was addressing would understand this. My endeavours could only bring other practitioners closer to the particularities that constitute the Psychotic state.

I realised that the best way to address this challenge was as a research question for a practice-led PhD. As the reader will discover in the following thesis, the areas of conflict that opened up in the approach and intellectual underpinning of my activities as an artist, guided me on a personal journey through Modernism and Postmodernism. Having worked my way through a series of studio experiments and finished the bulk of my reading on Psychotic Art, I was in a position to generate my own categories of classification for the use of this concept by Modernist artists such as Jean Dubuffet (1901-1985) (probably the key influence in the early stages of my project). At this point, the reader will see that I had put in place my own terminology and constructed a research platform that allowed me to radically change my methods as an artist and rethink my attitude toward the relationship between Psychotic Art and Postmodernism.

As a creative practitioner who seeks inspiration in the psychotic state, I recognised that I had to look deeply at the interaction between the two main concepts that constituted my research and practice, artistic creation and psychosis, and introduce all the elements of this interaction. At the same time, being a postgraduate

researcher, I had to display research competence by accounting for every aspect of the above interaction in order to present a comprehensive study of this phenomenon. In my artistic journey to find inspiration in the psychotic state I made some important stops along the way, which are presented in the form of chapters.

The first Chapter of this thesis defines my main source of artistic inspiration and relates its most important characteristics. Thus, it introduces the psychotic disorders and describes their social and cultural dimensions. The second Chapter looks at how artistic creation (the first element of my practice) has affected those who are victims of the psychotic disorder. This Chapter establishes the concept of Psychotic Art and introduces my notion of the patient-artist, a term that contrasts with a related term, the artist-patient; the topic of my discussion in Chapter 3. This Chapter examines how the psychotic disorder (the second element of my practice) has affected other creative practitioners. With these two ideas in place, the reader will be in a position to follow my thinking on the central Modernist interaction with the creativity of psychotics. This constitutes the gist of Chapter 4, which explores the ways in which other (non-psychotic) artists have found inspiration in the psychotic state. I call this meeting of mainstream and Psychotic Art ‘Simulation’ and introduce this concept so that I can then describe my explorations of the ideas within my own practice in Chapter 5. This Chapter introduces my personal understanding and creative interpretation of the psychotic state, in other words, how I allowed this psychopathological condition to influence my own studio work. The discussion reflects my creative responses to institutionalisation, my received ideas about Psychotic Art, and the potential for interventionist activities once the interaction between patient-artists and the process of ‘Simulation’ is understood and acted upon.

The illustrations in this study were obtained from two separate sources. In order to discuss the theoretical aspects of my research I have drawn on a wide range of secondary sources from the historical and art historical literature on the subject of art and psychosis, as well as literature from the fields of psychology and psychiatry and, in order to bring the range of artists up to date, I have also illustrated more recent pieces from catalogues, art books and websites. However, I also had the opportunity to photograph paintings and sculptures from the private collection of the psychiatrist Paulos Vasilidadis who granted me permission to use his extensive archive for the purposes of my research, as well as works from a permanent collection of a studio in Thessaloniki (Greece) which he created specifically for psychotic patients. Most of this material has never appeared in a publication and so represents, alongside the artwork of my own that documents the practical part of this doctoral submission, an original body of primary evidence in support of my thesis.

Chapter 1: General Information about

Psychosis

The first chapter of this study will develop the practice-led frame of my doctoral project by focusing on psychosis as a group of disorders with clinical, psychological and social attributes. It will thus investigate these disorders as the first component of the interaction between art and psychosis which is the focus of this study. The first section will introduce the concept of psychosis and especially schizophrenia (which is the most eminent psychotic disorder) as a clinical and psychological condition, and define this condition by presenting its symptoms (manifestations) and phases. Furthermore, this section aims to specify the concept of ‘psychosis’ within the general concept of ‘mental illness’. It will also give a history of the various explanations for the causes of mental illness throughout the centuries (in the early days the various disorders were not distinguished from each other, there was only “madness” or “insanity”) culminating in the most recent views about schizophrenia. The section will prepare the reader and enable him/her to relate to my imaginative interpretation of this condition which is the basis of this art-oriented study.

The second part of the chapter will explore the history of mental illness as a social phenomenon, by examining the social/humanistic problems it has created throughout the centuries. It will examine the rise of the asylums, the problems of institutionalisation and the progress of psychiatry as a science. At the same time this section will investigate the depictions of madness (as it was more commonly known

at the time) in artistic production thus introducing the first level of interaction between art and psychosis which is the depiction of this condition in artworks. These depictions will support the readers' understanding of my project by personalising and describing this condition (both for medical and sociological purposes) thus substantiating its effect as a social phenomenon.

It is important to explain at this point why before the eighteenth century most sources refer to “mental illness”, “madness” or “insanity” and not to specific conditions. The reason for this is that in those times all psychological disorders were seen as one, or as various manifestations of the same illness, and there were none of the current distinctions we will look at later on in this chapter. This view was continued by the “unitarians” in the nineteenth and even twentieth century, as well shall soon see. Thus all these terms were used interchangeably. This point is especially important in examining mental illness as a social condition.

1.1 Clinical and psychological aspects of psychosis

The term ‘psychosis’ is used to refer to a group of disorders, the ‘psychotic disorders’ which interfere with the way a person functions in their everyday life. This is one of the main groups of disorders in modern psychopathology, the other more prominent ones being mood disorders, dissociative disorders, anxiety disorders, somatoform disorders, sexual/gender identity disorders, personality disorders and eating/sleep disorders (American Psychiatric Association, 2000). Together, all of the above mentioned conditions including other less prominent ones, make up what we refer to as ‘mental illness’. This latter term will only be used in this study as a

generalised term denoting that an individual is suffering from a disorder, without specifying which one, and thus the individual will be referred to as ‘mentally ill’. This term will only be used for information concerning periods of time before the eighteenth century, when there were no distinctions between various disorders. The fact that some of the research used in this practice-led fine art study refers to mental illness in general (not specifically to psychotic states) poses a problem when focusing the study on the psychotic condition rather than mental illness as a whole. On the other hand, the psychotic disorders are the ones that have been most linked to artistic creation due to their attributes (as opposed to mood disorders or other conditions of mental illness), as we shall soon see, and therefore it makes sense to focus the study on those disorders. However, I will need to distinguish between these terms throughout the thesis to avoid confusing the reader.

The *International Classification of Diseases* definition of “psychoses” is disorders “in which impairment of mental function has developed to a degree that interferes grossly with insight, ability to meet some ordinary demands of life or to maintain adequate contact with reality” (Diamond, 1996, p.173). This is also the definition given to this term by the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* (1968) (DSM II) which has been of paramount importance to the fields of psychology and psychiatry for quite sometime. Due to the fact that this definition was focused on the degree of functional impairment it was deemed too general. The latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (2000), the DSM IV-TR, defines as ‘psychotic’ a disorder which demonstrates specific symptoms. These symptoms (which will be explained in more detail in the following section) depend on each individual disorder. Specifically for schizophrenia, schizophreniform disorder, schizoaffective disorder and brief

psychotic disorder, they are: delusions, hallucinations, disorganised speech and disorganised or catatonic behaviour. Other disorders that display ‘psychotic’ symptoms are: Dementia of the Alzheimer’s type, Substance-Induced Delirium and Major Depressive Disorder with Psychotic Features (even though for these disorders the term ‘psychotic’ may diverge from the previous definition, as it may include only delusions, or specific hallucinations) (American Psychiatric Association, 2000, p.297).

So far we can see that one of the main problems caused by psychosis, from which a myriad of other problems spur, is the partial or complete loss of contact with the reality that surrounds the individual. This is an identifying characteristic of psychotic disorders and one main reason why they tend to be so debilitating for the people who suffer from them. Due to the fact that schizophrenia is the most common psychotic disorder, it will be the primary focus of this study. It is not however the only psychotic disorder (as we shall see in the following sections) and therefore the terms ‘schizophrenia’ and ‘psychosis’ can not be used interchangeably (‘schizophrenia’ does mean ‘psychosis’ but ‘psychosis’ does not necessarily mean ‘schizophrenia’). I will begin by examining the various symptoms of schizophrenia, since all the symptoms of the other psychotic disorders are included in these.

1.1.1 The symptoms and phases of schizophrenia

The main goal of this study is to examine the development of a concept called ‘Psychotic Art’, which was fully established by the mid-twentieth century (through the accumulated effort of all the socio-cultural, medical and artistic histories which I will examine in the next chapter) and then explore what a present day artist can achieve within the same framework of ideas in the twenty-first century context. In

order to fully comprehend the concept of ‘Psychotic Art’ however, we must first understand the meaning of ‘psychotic’ and more specifically ‘schizophrenic’. This can be made possible only by adding together a general history of the symptoms, a general history of the theories about the causes, and, finally, a general history of the way that different societies have tried to treat this condition. With that in place we can then examine the history of the concept of ‘Psychotic Art’ and then move on to consider what I have accomplished with the resulting material as a contemporary artist. The first issue thus to be examined is the symptoms, which will enable us to gain an initial understanding of the condition and how it effects the individual. A knowledge of the symptoms will also enable a better understanding of some of the characteristic tendencies of artistic production which may be linked to either beliefs of the patient-artist (for example delusions) or deficits in his/her psychological makeup (for example the lack of emotions). The symptoms of schizophrenia are commonly categorised into positive and negative. The reason for this classification is that positive symptoms denote “pathological excesses” in an individual’s behaviour while the negative ones are “pathological deficits” in the individual’s behaviour (Comer, 2001, p.427, p.431). Another way to look at this distinction is that positive symptoms display an “excess or distortion” of regular functions whereas negative symptoms display a “diminution or loss” of these functions (American Psychiatric Association, 2000, p.299).

- **Positive symptoms**

The positive symptoms can be said to have two aspects, the “psychotic dimension” which includes delusions and hallucinations (they will be explored later on with regards to the effect they have on the content of artwork), and the

“disorganisation dimension” which includes disorganised speech patterns and behaviour. Delusions are untrue beliefs held by schizophrenic individuals which in fact have no basis but are adopted by them because, in their eyes, they follow a certain logic, even though they make no sense to others. They can thus be looked upon as “distortions in thought content” (American Psychiatric Association, 2000, p.299). The DSM IV-TR also distinguishes between ‘bizarre’ and ‘non-bizarre’ delusions, of which the first are highly improbable and have no connection to the individual’s life, whereas the latter are likely but false. Bizarre delusions are usually a distinguishing symptom of schizophrenia but can at times be hard to interpret due to cultural differences (American Psychiatric Association, 2000, p.299). Delusions are distinguished into various kinds according to their subject matter. The most common are: a) delusions of persecution, where people believe they are threatened, persecuted or spied on by others b) delusions of reference, in which they associate various events that occur around them, or the actions of others, with their own personal life and experience and c) delusions of grandeur, where they believe they are people of great importance such as politicians, religious leaders or famous historical personalities (Comer, 2001, p.427). Some common examples of bizarre delusions are “thought withdrawal” (the person believes their thought are being stolen by an outsider), “thought insertion” (the person believes that an outsider is placing thoughts into their brain) and “delusions of control” (the person believes that their body or behaviour are being controlled by an outsider) (American Psychiatric Association, 2000, p.299).

Hallucinations are uncontrollable perceptions which are based on one of the five senses and are real only to the individual, as no one else is usually able to verify them. They can also be seen as “distortions in perception” (American Psychiatric Association, 2000, p.299). These are distinguished into six categories: auditory

(hearing voices, which are also the most common and during which a person often hears two or more voices talking to each other or continually criticizing the person's ideas and actions), tactile (imagining sensations such as tingling or burning), somatic (fantasies concerning interior bodily experiences), visual (apparitions), gustatory and olfactory (experiencing strange tastes or smells) (Comer, 2001, p.430). At this point we must distinguish between hallucinations caused by schizophrenia and those associated with either near-sleep states (while falling asleep or while waking up) or religious experiences, as the latter are not symptomatic of schizophrenia (American Psychiatric Association, 2000, p.300).

Another main characteristic of individuals suffering from schizophrenia is the lack of ability to think coherently (due to problems in their mechanisms of perception) which often leads to a thought disorder that can cause problems distinguishing between internal and external reality (Crespo, 2003, p.184). Since it is difficult to actually examine the 'disorganisation of thought' in an individual (due to the inherent difficulty in observing one's thoughts), the main symptom examined in this case is the disorganisation of speech present in the person (American Psychiatric Association, 2000, p.300). One severe problem is that schizophrenics find it difficult to grasp the relationships between words and meanings, often resulting in the formation of strange verbal associations (Crespo, 2003, p.184). This may mean that they use words in the wrong context or confuse homophones (similar sounding words). Some other problems that result are "loose associations" where individuals may change topics of conversation constantly thus confusing others, or what are called "neologisms", where they make up their own words which usually have only personal meanings. At times they repeat the same statements over and over, a process known as "perseveration", or use specific rhymes in order to express themselves (Comer, 2001, pp.428-434).

Finally it is possible for their answers to questions to be unrelated, a characteristic known as “tangentiality” while other times their speech is completely disorganised (known as “incoherence” or “word salad”) and thus totally unintelligible (American Psychiatric Association, 2000, p.300).

Finally, disorganised behaviour can refer to a number of attributes such as the inability to feed oneself or maintain bodily hygiene, inappropriate dress (such as multiple layers of clothing in warm temperatures), or improper sexual behaviour (such as masturbation in a public place) (American Psychiatric Association, 2000, p.300). Another characteristic is the display of an emotion which is not suited to the situation such as inappropriate anger or excitement. This usually happens not because schizophrenics want to cause controversy but because they in fact have a different understanding of the situation, one that would probably justify their feelings and therefore their reaction (Comer, 2001, pp.428-434). Many severely schizophrenic individuals also experience psychomotor problems, which are disturbances in their bodily abilities, and exhibit a condition known as catatonia, which will resurface later on with regards to form and content in artworks of schizophrenic patient-artists. During this condition they may be motionless and speechless for extended periods of time (catatonic stupor), resist motion (catatonic rigidity), assume strange postures (catatonic posturing), adopt any posture they are put in by others (waxy flexibility) or move wildly and uncontrollably (catatonic excitement) (Comer, 2001, pp.433-434; American Psychiatric Association, 2000, p.300). When positive symptoms are most prevalent, we are dealing with Type I schizophrenia, which has been found to be more closely related to biochemical abnormalities of the brain (Comer, 2001, pp.428-434).

- **Negative symptoms**

The negative symptoms of schizophrenia are those that are seen as pathological or as specific deficiencies within the individual. The most common of these are: affective flattening, alogia, anhedonia and avolition. Affective flattening (or “blunted affect” [Comer, 2001, p.431]) is a condition during which there is a lesser degree of expressive emotion, and can even lead to flat affect which is a complete lack of emotion in reactions to environmental stimuli. It can often be observed in the reduced facial expressions and body language of a person. This condition is sometimes also accompanied by “alogia”, which is a general reduction, or poverty of speech, and is usually attributed to a decrease in thought processes. Other characteristics are “anhedonia” which can be described as a lack of pleasurable feelings, and a tendency toward apathy or general lack of energy and perseverance in specific activities, known as “avolition” (Comer, 2001, pp.433-434; American Psychiatric Association, 2000, p.301). When negative symptoms seem to be most prevalent the disorder is distinguished as Type II schizophrenia, and is believed to be more closely related to structural abnormalities in the brain (Comer, 2001, pp.433-434).

There are also other related symptoms or results of symptoms that tend to co-exist with schizophrenia. These are mainly dysfunctions in major areas of a person’s life such as their work, education, or relationships with others. One’s educational or professional experience is often disrupted and their romantic and social life is usually poor. Other disturbances often experienced by sufferers are in their sleeping patterns (such as increased restlessness and insomnia), or in their eating patterns (such as decreased appetite or desire for food). There is also a high prevalence of anxiety and phobias in schizophrenics as well as an increased risk for suicide, assaultive and

violent behaviour (this applies mostly to specific subgroups of sufferers) (American Psychiatric Association, 2000, pp.303-304). Finally, schizophrenics often exhibit problems in their cognitive abilities, memory, attention, and neurophysiological problems such as delayed reaction time, decreased perception, and processing of sensory information (American Psychiatric Association, 2000, pp.305-306).

Contemporary psychologists (Halgin & Whitbourne, 2003, p.301; American Psychiatric Association, 2000, p.302) have decided that in order for someone to be diagnosed as schizophrenic, they must have a severe disturbance for a period of at least six months. Usually this disturbance is preceded by what is called a “prodromal” phase, during which the person’s interpersonal and social functions start to deteriorate and there is a decline in one’s job-related skills, leading to the 6-month long disturbance which constitutes the active phase of the disorder. After this phase many people experience symptoms similar to those in the prodromal phase and are thus said to be in the “residual” phase of a schizophrenic disorder (Halgin & Whitbourne, 2003, p.301; American Psychiatric Association, 2000, p.298). Some psychiatrists (Holmes, 1991) also refer to the “burned out” phase, which is usually an extreme version of the residual phase and occurs after long-term institutionalisation. This phase is accompanied by a severe lack of social skills (Holmes, 1991, p.240).

1.1.2 Other psychotic disorders

The rest of the psychotic disorders depend either on the length of time for which the psychosis has been present or with respect to other dominant features of the psychosis, and should be mentioned so as to be able to distinguish between them and schizophrenia. One of those is the “schizophreniform disorder”, which has the same features as schizophrenia (although it does not require an impairment of functioning)

and lasts between one and six months. A second related disorder is the “brief psychotic disorder” which lasts between one day and one month and requires the presence of at least one positive symptom for its diagnosis. The “schizoaffective disorder” is a condition where an individual experiences the symptoms of schizophrenia along with major mood symptoms (such as depression, mania, or both conditions). One more disorder related to schizophrenia is the “delusional disorder”, during which a person suffers from one or more delusions for a month or longer but does not exhibit any other symptoms or an observable decline in behaviour. (American Psychiatric Association, 2000, pp.317-330).

It is even possible for two or more people to share the same delusions, in which case they are said to exhibit a “shared psychotic disorder”. In these cases it usually happens that one or more individuals eventually adopt the delusions of the person who was originally diagnosed with a psychotic disorder. It is also possible for a person to be suffering from a psychotic disorder due to a general medical condition (when there is sufficient proof that psychosis is a direct result of this condition), or due to a specific substance (when there is sufficient proof that psychosis is a direct result of the use of the substance). Finally, sometimes individuals with a major mood disorder (such as depression or mania) exhibit psychotic symptoms (such as delusions and hallucinations) which are usually, but not necessarily, related to their mood disorder (American Psychiatric Association, 2000, pp.332-341, pp.412-415).

1.1.3 From “mental illness” to “schizophrenia”

This section will examine the history of psychotic disorders by focusing on the history of the term ‘schizophrenia’ (which as we will see is a twentieth century concept), because schizophrenia was the main psychotic disorder listed until the

second half of the twentieth century. Before the twentieth century there were a number of other names (and perhaps relative conditions) associated with schizophrenia and sometimes used in its place, however, some of them constitute separate disorders today. It is important to examine the history of schizophrenia so as to be able to distinguish these diverse conditions from schizophrenia and to be able to understand why the use of the term ‘schizophrenia’, as opposed to mental illness in general, may be a somewhat problematic issue. Once again it is important to note that mental illness up until the eighteenth century was basically seen as one illness, albeit with various manifestations, and this explains the variety of terms used to describe it, as we shall see in this section.

- **Delirium**

One term related to schizophrenia and psychosis in general used previously to the twentieth century is “delirium”. This term has existed since antiquity and in ancient Greece (where it was called “phrenitis”, ‘phrena’ being the Greek word for ‘mind’) it had at least two meanings, of which the first dealt with mental derangement while the second dealt with absurd language (“delirious talk”). By the end of the seventeenth century delirium had been distinguished from another illness, named “insanity”, on the basis that the latter was a chronic condition while the former was short-lived and accompanied by fever. This distinction (known as the “spiritualist” view), which was supported by people such as Dominique Esquirol (1772-1840) (who will be looked at in more detail later on) and Etienne-Jean Georget (1795-1828), was debated continuously during the eighteenth and early nineteenth centuries. An opposing view was that of the “somaticists” who did not wish to separate the two conditions since their physical symptoms were similar (even though their causes may

have been different). In the eighteenth century, delirium was seen progressively as a disorder of the senses, then of the nervous system, later on of the mind and finally of the perceptive faculties (Berrios & Porter, 1995, pp.4-5, p.13, p.24).

- **Delirium versus insanity**

Later on in the nineteenth century delirium was distinguished from insanity on the basis that insanity involved a disruption of consciousness and was hereditary. Symptoms such as hallucinations and delusions (which we have looked at in the previous section) were noted in both disorders (and were also connected to dream-like states). Eventually, another term which came to be associated with delirium was “confusion” (meaning a ‘clouding of consciousness’ or ‘impaired judgment’), and it was noted both in delirium and depression. As a term, confusion was initially linked to “dementia” (a related term first used in Germany, which would play an important role in the further definition of schizophrenia), then to melancholia (which would later become “depression”) and finally it was designated as a separate disorder. Confusion was connected to symptoms such as hallucinations, delusions and general mental disturbance (Berrios & Porter, 1995, pp.6-9).

With regards to consciousness, one view around that time was that there was something else inside a person suffering from delirium that exerted control over his/her actions. This position supported that a delirious person was split (or divided) into more than one entity and one of those entities was essentially “sharing consciousness” with another being (Berrios & Porter, 1995, p.29). The insinuations of this theory (the concept of a split personality or mind) were obviously disturbing and frightening at the time, and in some respects anticipate the twentieth century theory of R.D. Laing (which will be discussed later). At the same time, Esquirol,

whose views were similar to those, believed that delirium occurred when there was disagreement between one's volition, ideas, sensations and the external reality surrounding them (Berrios & Porter, 1995, p.23). It is interesting to note that at some point during the nineteenth century, stupidity was also seen as a form of insanity, a view which was later changed as stupidity was connected to "mania" and "monomania" (terms that we shall look at in the following sections) (Berrios & Porter, 1995, p.10).

- **Dementia**

Before the eighteenth century, dementia referred to a state of being "out of one's mind" (Berrios & Porter, 1995, p.34). Later on it was seen as an "extinction of the imagination and judgment" or an "abolition of the reasoning faculty" (Berrios & Porter, 1995, p.35). Philippe Pinel (1745-1826) connected it to the disassociation of ideas, peculiar behaviour and memory problems. In the nineteenth century it was distinguished into "acute" (which was short term and reversible), "chronic" (which was long term and irreversible), and "senile" (which was the result of the ageing process) (Berrios & Porter, 1995, pp.36-37). Around the middle of the nineteenth century the term "vesanic dementia" was introduced, which described disorganised states that occurred from insanity (Berrios & Porter, 1995, pp.35-40). The latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (2000) lists delirium as a separate disorder from dementia and both as separate from psychotic disorders, even though they may both sometimes exhibit psychotic features, such as hallucinations, delusions, and other common symptoms (American Psychiatric Association, 2000, pp.135-137).

- **The unitarian view**

One psychiatrist who contributed much to the history of the term ‘psychosis’ was Heinrich Neumann (1814-1884), who believed that there is only one mental illness yet with various stages. He was therefore one of the “unitarians”, a name given to proponents of the idea that all mental illnesses were essentially the same condition (called the “unitary psychosis”) whose symptoms differed only with regards to each patient’s personality or personal experiences. This belief was continued into the twentieth century by psychiatrists such as Klaus Conrad (1905-1961), Karl Menninger (1893-1990) and Helmut Rennert, who were mainly against a categorisation of mental illness (Berrios & Porter, 1995, pp.321-328). Initially the unitarians also included the psychiatrist Karl Ludwig Kahlbaum (1828-1899), but he eventually went on to classify four categories of psychosis: “vesania acuta”, “vesania typical”, “vesania progressiva” and “vesania catatonica” (given the name “katatonia”) (Berrios & Porter, 1995, p.322, p.338).

- **Categories of psychosis, dementia praecox and circular psychosis**

It is interesting to note that Neumann’s student, Carl Wernicke (1848-1905), was one of the first to distinguish between various forms of psychosis. He thus created two categories: “autopsychoses” (occurring when individuals have an incorrect notion of themselves) which included melancholia and mania, “allopsychoses” (occurring when they have incorrect notions of their environment) and “somatopsychoses” (occurring when they have distorted experiences with their bodies) which included hypochondria (Berrios & Porter, 1995, p.307).

The first person to identify the psychotic condition as a disease and categorise it according to its various causes was the French physician Augustin Morel (1809-

1873) who gave it the name “dementia praecox” (deriving partly from the name “hebephrenia”, used by Ewald Hecker [1843-1909] to describe a condition of psychological deterioration found in adolescents). Morel’s cause-related categories included intoxication, heredity and various neuroses (Halgin & Whitbourne, 2003, p.300; Berrios & Porter, 1995, pp.336-337). This disorder had also been similarly described by Scottish psychiatrist Thomas Clouston (1840-1915) in 1873 as an ‘adolescent’ form of insanity, and also the French psychiatrist Albert Charpentier in 1890 who named it “démence précoce” (Shorter, 1997, p.105).

A very important figure in the history of psychosis was the German psychiatrist Emil Kraepelin who also gave it the name “Dementia Praecox”. He described it as a degeneration of the brain (dementia) which begins at a relatively young age (praecox) and is ultimately responsible for the disintegration of the entire personality (Halgin & Whitbourne, 2003, p.300). He also distinguished between three subtypes of “dementia praecox”: “hebephrenia” (taken from Hecker), “katatonia” (taken from Morel), and “dementia paranoïdes” (a delusional state), differentiating them from the more permanent process of psychological degeneration (more in tune with the concept of dementia). Kraepelin further differentiated between dementia praecox, mania, melancholia, “circular psychosis” (which he later called “manic-depressive insanity”), as well as “disorders of personality” (which included deficits in emotional and cognitive operations) (Berrios & Porter, 1995, p.272, p.284, pp.338-339).

- **Bleuler and the term ‘schizophrenia’**

The first person to use the term we are familiar with today was Swiss psychologist Eugen Bleuler (1857-1939) who believed that schizophrenia was a

disease of the brain (Halgin & Whitbourne, 2003, pp.300-301). He thus coined a descriptive term by combining the Greek words ‘schizo’ ([σχίζω] meaning ‘split’) and ‘phrena’ [(φρένα] meaning ‘mind’) in order to encompass three characteristics: (1) a fragmentation of thought processes; (2) a severing of thoughts and emotions; and (3) a withdrawal from reality (Comer, 2001, p.423). Bleuler also contributed to the history of psychosis by distinguishing between “obligatory symptoms” (which are exhibited in all cases of psychosis) and “facultative symptoms” (which do not appear in all cases of psychosis and may even be exhibited in other disorders) (Berrios & Porter, 1995, pp.342-343).

It is important to note at this point three separate views of the schizophrenic disorder that exist today. One view claims that schizophrenia as a disease is as old as human existence. According to this view, there have been various names given to the disorder at different periods, as we have seen above. Another view however, maintains that mental illness (and thus psychosis too since it is a part of the whole concept) does not actually exist and is in fact a creation of specific sociopolitical conditions (this view will be looked at in more depth in section 1.1.6). A third view (labelled the “recency hypothesis”) states that schizophrenia is a relatively recent disease which has come into existence mostly during the nineteenth century (Shorter, 1997, pp. 62-63).

- **Delusional disorder**

Another form of psychosis with a long history is the delusional disorder. The first person to classify it as an illness was Esquirol who initially gave it the name “monomania”. He believed that this disorder affected only certain parts of an individual’s personality and that otherwise the person’s thought processes were

similar to those of others. However, chronic monomania was thought to lead to a gradual and steady deterioration of a person's emotions, thoughts and behaviour. Valentin Magnan (1835-1916) was another psychiatrist who offered insight on the disorder by distinguishing between what he called "chronic delusional insanity" and another disorder which consisted of a degeneracy brought on by hereditary factors. Similarly, Richard von Krafft-Ebing (1840-1909) explained the delusional disorder as based on a genetic predisposition which manifested into a variety of ordered delusional beliefs. According to Krafft-Ebing the intellectual faculties of a delusional sufferer are not negatively affected. The latter view was also shared by Kraepelin who added that the disorder was a disease of the personality that did not cause hallucinations (in contrast to dementia praecox) (Berrios & Porter, 1995, pp.360-366, p.374).

- **Affective disorders**

Before the eighteenth century, the concept of mental illness was inclusive, and insanity (or whatever name was given at the time) also included "melancholia" and "mania". One of the last psychiatrists to include all these terms into one was Pinel, who used the term "melancholia" to describe all mental disorders including schizophrenia. After him Esquirol used the term "lypemia" in its place, which was a transitional term between the older meaning of melancholia (considered a disorder of the mental capacities) and the more recent (considered an emotional ["affective"] disorder). Later on, as we have seen above, Kraepelin clearly distinguished between psychosis and affective disorders by grouping the latter under the name "manic-depressive insanity". Eventually, this category was broken down into three separate

states which were “depression”, “mania” and “bipolar disorder” (Berrios & Porter, 1995, pp.385-396).

- **Cycloid psychoses**

One related category of illnesses to both schizophrenia and affective disorders is that of “cycloid psychoses”. This term was used to describe a psychotic variety whose symptoms are neither clearly schizophrenic nor clearly affective deficits. This term was first used by Karl Kleist (1879-1960) in reference to various “delusional affective psychoses” and “affective psychoses”. His student, Karl Leonhard (1904-1988), included in this category psychoses whose major symptoms dealt with confusion, shifts in psychical mobility as well as anxiety and euphoria (Berrios & Porter, 1995, pp.426-421).

We can see from the multitude of terms before the nineteenth and especially the twentieth centuries, that psychosis was an elusive concept and not easily definable. This presents somewhat of a problem for this study as cases of mental illness or insanity before the twentieth century cannot necessarily be seen as psychotic as there was no such relevant diagnosis at the time. As a researcher thus, I can only speculate on the psychiatric condition of pre-twentieth century patients (including artist-patients and patient-artists, which are terms I will be using in the following chapters) and assume that they exhibited some psychotic symptoms in order to be referred to as “insane” or “mentally ill”.

1.1.4 Previous notions about the causes of madness

After describing the symptoms and phases of psychosis and distinguishing it within ‘mental illness’, the next step toward a better understanding of these disorders

is the investigation of their origins. The causes of psychosis are also important in order to better perceive some of the case studies of specific patient-artists (with regards to how or why they became psychotic) and also some of the specific cases of artist-patients (with regards to their life experiences) who will be examined later on in Chapter 3. There are many diverse explanations of psychosis each one approaching the disorder from a different point of view and attempting to explain it from that specific angle.

- **Madness in the ancient world**

According to Shorter, mental illness has been present ever since the beginning of human existence (Shorter, 1997, p.1). Some of the earliest evidence associated with madness is found in skulls which have small holes in them made with some sort of tool, dating back to around 5000 BC. More than likely these holes had been made in order to allow demons to leave these people whom it was believed they had possessed. The Old Testament contains examples of madness, (e.g. King Nebuchadnezzar) which was inflicted upon people by God as a form of punishment (Porter, 2002, p.10). References to madness are also present in Hinduism where there are specific demons responsible for this condition such as Grahi (the one who seizes) along with a certain dog-demon. In ancient Babylon and Mesopotamia madness was again seen as possession by spirits and demons (Porter, 2002, p.12) and similar views were also held by the Assyrians and the Egyptians who believed that it stemmed from divinities (Porter, 2002, p.34).

In ancient Greece, madness, (also known as phrenitis, as we have seen above), was seen as the result of divine intervention and viewed as positive (Porter, 2002, p.34). These kinds of interpretations, in which the insane genius was someone who

was “touched by a divine fire” (Porter, 2002, p.66) have influenced thinkers and artists throughout history. The idea especially applied to artists, musicians or poets, who were believed to enter an alternate state of consciousness when they produced creative works. Plato (428-348 BC) promoted this view when he spoke of the ‘divine fury’ present in poets. Aristotle (384-322 BC) considered the dissatisfaction and turmoil associated with insanity useful tools for the expansion of one’s imagination (Porter, 2002, p.66; Berrios & Porter, 1995, p.416). Early on, Aretaeus (150-200 AD) distinguished between melancholia and mania as two separate states of madness, of which mania could be caused by divine possession (similar to Plato’s view), intoxication (consumption of wine or mandrake [a plant with psychoactive qualities]), or an excess of heat. This condition was seen as euphoric and enthusiastic as opposed to melancholia which was characterised by torment, terror and isolation. Aretaeus also noted that the two conditions could alternate, thus offering one of the first indications of bipolar disorder (or circular psychosis). Finally, he believed that extreme cases of mania could lead to dementia, a deteriorated state in which people became similar to animals (Berrios & Porter, 1995, pp.410-411).

Another view of madness, which has existed since Antiquity and been prominent at least until the Middle Ages, was the “humoural” explanation. According to this there were four different humours in the human body: blood (which was associated with vitality and life energy), choler or yellow bile (which was associated with digestion), phlegm (which was responsible for lubricating and cooling the organism) and black bile (responsible for turning other fluids darker). Each person’s temperament was determined by an excess or dominance of one of the four humours. An excess of blood and yellow bile was believed to lead to mania, while an excess of

black bile lead to melancholia (in Greek the word for ‘black’ is ‘melanos’ [μελάνος] and the word for ‘bile’ is ‘choli’ [χολή]) (Berrios & Porter, 1995, pp.413-414).

- **Madness from the Middle Ages up to the seventeenth century**

The attitudes toward madness found in antiquity represent and define the beliefs of many different people and cultures throughout history. Occupations by spirits or supernatural forces were common interpretative responses to the onset of insanity. The tormenting visitors could be “faunae” from the forest (as in Imperial Rome) (Peterson, 1985, p.5) or the Devil (in Medieval Europe) (Porter, 2002, pp.17-21). As a result, all therapies for these acts of possession were thought to lie in the hands of religious orders and priests. As the celebrated social theorist Michel Foucault points out in *Madness and Civilization* (1965), one of the intrinsic attributes associated with madness from early on was passion, especially when in excess (Foucault, 1965, p.89). It was believed that when the ardour of a person became too intense it led them to spiritual blindness (metaphorically meaning that the person could no longer see things as they really were) and madness ensued (Foucault, 1965, p.105). It follows that madness was also closely associated with the imagination and often understood as imaginativeness going astray (Foucault, 1965, pp.93-94). In this sense an excess of inventiveness and ingenuity was thought to lead people to erroneous perceptions of the world. The conflict between misguided fantasy (entirely negative) and liberating creativity (extremely positive) becomes an important motif in the development of the concept of Psychotic Art. At the time there were two alternating views of madness concerning the symptoms. The first one was a condition of sadness or melancholia which Foucault describes as delirium without frenzy. The other condition was one of animated insanity where the afflicted is loud and

uncontrollable (Foucault, 1965, pp.117-125). These two states can be paralleled to the conditions of mania and depression (the conditions of bipolar disorder) which are described in contemporary psychology. However, the history of madness is scattered with alternative theories that favour physical explanations. An example from the mid-seventeenth century is Thomas Willis (1621-1675) who developed a naturalistic interpretation involving diseased brain and nerve tissue. As these shifts in opinion gained in frequency and authority in the sixteenth and seventeenth centuries, psychosis became a condition that was better treated by doctors rather than priests (Porter, 2002, pp.29-33).

- **Madness in the eighteenth century**

With the development of medical concepts of madness, (or delirium, as it was called by some, various proto-psychiatric interpretations re-focussed the understanding of the illness. From the eighteenth century onwards a certain pattern emerges, according to which it becomes obvious that the causes of mental illness will hence alternate between neuroscientific views (that stress the chemistry and anatomy of the brain) and psychosocial views (that stress social and personal problems of the individual) (Shorter, 1997, p.26).

The new field of iatrophysics (medical physics) presented the body as an engine with a circuit of nerves connecting the various parts to the brain, initiating and activating movement by electric currents (Porter, 2002, p.124). By the eighteenth century William Battie (1703-1776), William Cullen (1710-1790) and Johann Reil (1759-1813) held the opinion that the main cause of insanity was an excessive amount of brain functioning (or 'brain irritability') as well as an irritation of the nerves, causing a breakdown in the nervous system (Porter, 2002, p.127; Berrios & Porter,

1995, p.319; Shorter, 1997, p.26-28). Battie believed that certain muscular spasms led to a 'laxity' of blood vessels in the brain, leading in turn to feebleness of the nerves (Shorter, 1997, pp.27-28). Cullen was a proponent of the 'unitarian' belief that there is only one mental illness and it can only be classified with regards to the symptoms it exhibits in each case. He attributed it mostly to 'excitement' (similar to earlier beliefs which associated it with passion) but believed that this was due to problems in the nervous system (Berrios & Porter, 1995, pp.315-316, p.417).

Needless to say, the view that mechanical faults (such as excessive brain activity) were responsible for madness was adopted by many industrial nations of the time. In the United States, the social historian David J. Rothman included changes in social organization, family life, and technological capacity, as factors leading to insane behaviour, as mentioned in his 1971 book *The Discovery of the Asylum* (Torrey, 1983, p.216). In some ways this idea anticipates the views of Freud and Foucault who saw madness as a disease arising within the conditions of civilisation. For Rothman and others, highly educated people were more at risk from the disorder since excessive knowledge caused the brain to become rigid and unable to process ideas. The more complex the level of knowledge, the higher the risk was believed to be (Foucault, 1965, pp.213-217). Here we seem to have a version of the ancient Greek idea of the insane genius alive and well in an age that prioritised scientific and technical progress over religious and cultural life.

Indeed, when a reaction came (at the end of the eighteenth century) against the functionalism and utility of the newly industrialised societies, the ancient Greek notion of the 'insane genius' flourished amongst the intellectuals involved in the Romantic Movement. In Paris many artists and writers sought aberrant states of consciousness through alcohol (absinthe) and drugs (such as opium). Once again it

was thought that pathological states (however they were acquired) freed special powers within the individual and led to enhanced creative ability, one that could not be developed within conventional lifestyles or ‘normal’ mental states (Porter, 2002, p.81; Berrios & Porter, 1995, p.418). Our contemporary appreciation of the art of psychotics is certainly embedded in the pervasive notion of the insane genius.

The late eighteenth century was also the historical context in which Franz Anton Mesmer (1734-1815) explored the hypothesis of “animal magnetism” by developing a technique, with apparent therapeutic results which became known as “Mesmerism”. Today we call the practices he invented either hypnotism or hypnotherapy. Mesmer claimed that all disorders (psychological or physiological) were caused by the imbalance of three forms of fluid energy: physical magnetism, electricity and animal magnetism. Madness could, he conjectured, be cured by looking into the eyes of patients and manually manipulating their body until they went into a ‘crisis’ (a hypnotic state of uncontrolled laughing or crying or even unconsciousness), which restored the balance of these three energies (Peterson, 1985, p.138). The history of madness throughout this period seems to alternate between the imaginatively unconventional and the professionally sanctioned theory. This is present in the tension between the anti-social nature of the mad genius extolled by the Romantics and the excessive social freedom disdained by Rothman. The attractions of Mesmer’s ideas (popular amongst the artistic and the cultured) can be contrasted with the shifting explorations of physicians throughout the nineteenth century (Porter, 2002, p.141).

- **Madness in the nineteenth century**

In the late eighteenth and early nineteenth century the Florentine physician, Vincenzo Chiarugi (1759-1820), asserted that madness was caused by bodily dysfunctions that acted in the reverse direction through the nerves to the brain (Porter, 2002, p.130). He thus believed it to be mainly a disorder of the brain (which was the primary center of the nervous system) and after conducting a number of autopsies on his patients he found evidence of brain lesions (Shorter, 1997, p.27). The latter view was corroborated by Dominique Esquirol, who also supported an organic basis of the disease, while Pinel himself thought insanity was instigated by sadness and loss (Porter, 2002, p.134; Berrios & Porter, 1995, p.317). However, both Esquirol and Pinel blamed heredity to a great extent for mental affliction (Shorter, 1997, p.29).

Wilhelm Griesinger (1817-1868) persisted with the view that the physical brain (which was inextricably connected to the nervous system) caused mental disorders but held that brain abnormalities were in turn caused by psychological factors. Griesinger generated a great deal of further medical research by suggesting that it was possible to locate the exact part of the brain responsible for madness (Porter, 2002, pp.140-144; Berrios & Porter, 1995, p.321; Shorter, 1997, p.74). The opinion that delirium may be caused by lesions in the brain (which began, as we have seen, in the eighteenth century) led to a lot of laboratory research (including dissections) focusing on potential abnormalities of the brain. Laboratory examinations, conducted by H. Charlton Bastian (1837-1915), did actually show some brain abnormalities in subjects who suffered from delirium and therefore partly substantiate the previous claims (Berrios & Porter, 1995, p.25). Another physician who closely studied the brain and its anatomy was Carl Wernicke (mentioned previously), who was a proponent of the notion that mental illness was due to brain

cell defects. He tried to match, similar to Griesinger, specific areas of the brain with specific symptoms (Berrios & Porter, 1995, p.304; Shorter, 1997, p.77-79).

In the mid-nineteenth century, the comparison between the ‘sane’ and the ‘insane’ mind instigated research by Jacques-Joseph Moreau de Tours who supported the notion that hashish (and perhaps other drugs) may be used in order to explore psychopathology by inducing delirium in subjects. He believed that a subject under the influence of the drug (often Moreau himself) maintained his or her ability to observe the effects of these substances on their consciousness. Moreau speculated that hashish did not distort our “sense of individuality” and therefore the subject remained conscious of his or her actions (Berrios & Porter, 1995, p.28).

Around the same time Emil Kraepelin rejected the simple reduction of mental illness to neurological processes (due to his dislike of biologically-based psychiatry) and supported instead the distinction between “somatic” (meaning ‘physical’) and mental (meaning ‘psychological’) processes. Even though he was more interested than the other physicians at the time in psychology as a major component of psychiatry, he believed that the hallucinations, delusions and other behavioural disturbances exhibited by people with dementia praecox were the result of a physical abnormality or disease and proposed that the cause of dementia praecox was a physical illness which in turn damaged cortical neurons. It is important to note that Kraepelin was one of the first psychiatrists to look at the course of mental illness over a period of years (what we now call “longitudinally”) and being close to his patients (unlike the ‘brain-oriented’ psychiatrists who did not much associate with their patients) he contemplated on its possible outcomes (Halgin & Whitbourne, 2003, p.300; Berrios & Porter, 1995, p.266, Shorter, 1997, pp.101-106).

The psychosocial view on the other hand, which tended to emphasise morals, passions, and generally one's life experiences, as leading up to mental illness, was part of the "Romantic psychiatry" movement which had its roots in the eighteenth century. One of the first adherents of this view was Esquirol, although as we have seen he was more of an 'intermediary' as he also supported a biological cause for mental illness. Another intermediary was Alexander Crichton (1763-1856) who determined three categories for delirium of which the first was physical (dealing with blood, fevers, intoxication, poisons, discharges), the second was a strain of mental capacities, and the third was passions (such as anger, sadness, pride or love) (Berrios & Porter, 1995, p.24). The Viennese physician Ernst Von Feuchtersleben (1806-1849) thought that madness was a disease of "the whole personality" as he also attributed both neurological as well as psychological causes to it (Porter, 2002, pp.141). In Germany, one of the leading proponents of the Romantic view was Johann Christian Heinroth (1773-1843), who saw madness as a result of religious passion and an obsession with sin and ethical values (Shorter, 1997, p.31). A related view at the time claimed that delirium was related to one's social position and their character. Georget was an adherent of this view, as he thought that the moral values of an individual could affect his/her psychological condition and potentially lead to delirium (Berrios & Porter, 1995, pp.27-28). F.E.Fodere (1764-1835) and Sauveur Morel placed delirium into a sociopolitical context, similar to earlier notions that technology and civilisation triggered insanity (Berrios & Porter, 1995, p.30).

1.1.5 Causes of schizophrenia in the twentieth century

Given the alternating character of the ideas about madness so far, it is not surprising to find that theories about schizophrenia in the past century range across

the physical, the psychological and the quasi-spiritual. Comer (2001) and Halgin & Whitbourne (2003) both describe the twentieth century explanations of schizophrenia under the following five categories: the biological, the psychodynamic, the socio-cultural, the sociological-existential and the metaphysical. In this section I will round off my survey of previous understandings of madness by examining these categories of approach one by one, drawing on the ideas of their main protagonists.

- **the biological approach**

Various twentieth-century advances in medical science have proposed either brain make-up or biochemical activity as the cause of schizophrenia. A good example of the latter is the research of Humphry Osmond (1917-2004) and John Smithies on alternative states of consciousness. They found that mescaline (a highly psychotropic substance) had a similar chemical structure to the hormone adrenaline (which is produced by the body in emotional situations). This finding supported the theory that conditions of extreme stress produce in the body a substitute of adrenaline similar to mescaline. Osmond and Smithies called this substitute “adrenochrome”. Their hypothesis was that the states of consciousness found in insane individuals were the result of specific (and perhaps similar) biochemical processes (Peterson, 1985, pp.204-206). This hypothesis was also supported by the English novelist and poet Aldous Huxley in his celebrated book *The Doors of Perception* (1954). Here the schizophrenic is described as being “like a man permanently under the influence of mescaline” (Huxley, 1954, p.47).

In the 1970s, the further development of neuropathological research disclosed various lesions in the brains of schizophrenics, many abnormally sized neurons, and even whole areas of the brain with a different organisation than those of non-

schizophrenic people. These abnormalities were found to be mostly caused by either trauma or viral infections, while the person was still in the womb (Shorter, 1997, pp.268-269). A number of twentieth century biologists focused their interest on ventricular enlargement within the brain mass. In these accounts, the lateral cavities that contain the cerebrospinal fluid (ventricles) are found to be larger in people suffering from schizophrenia, mostly due to a failure in the growth of the surrounding tissue. This difference in size can actually lead to the deterioration of the cerebral matter giving us a twentieth century version of Kraepelin's earlier view that schizophrenia is related to "brain degeneration" (Halgin & Whitbourne, 2003, p.315; American Psychiatric Association, 2000, p.305; Shorter, 1997, p.269). There are similar dimensional speculations about the size (increased width) of the sulci (the fissures between the ridges of the brain [known as "gyri"]), the size of the frontal lobes, the hypothalamus, and the size of the temporal lobes (which is usually decreased). Much of this research implicates a higher or lower flow of blood to specific areas of the brain. There are also research findings that suggest a reduced symmetry of the cerebral hemispheres in schizophrenic patients (Millon, Blaney & Davis, 1999, p.291; Comer, 2001, p.440; American Psychiatric Association, 2000, p.305).

Other biochemical approaches explore the theory, known as the dopamine hypothesis, that the specific neurons in the brain responsible for the transmission of dopamine are overworking in schizophrenic patients, and thus producing excessive amounts of dopamine. The result is an overflow of chemical messages reaching the brain (Halgin & Whitbourne, 2003, p.315; Comer, 2001, p.438). This theory was first established in 1957 after the Swedish pharmacologist Arvid Carlsson (b.1923) discovered that dopamine was in fact a neurotransmitter, and later on applied these

findings to psychiatry (Shorter, 1997, p.266). The overflow of messages is used to explain symptoms such as a schizophrenic's confusion or loose word associations. Some studies have in fact found unusually high numbers of dopamine receptors in the brains of schizophrenic sufferers (Comer, 2001, p.439).

Another dimension of the biological perspective is the study of heredity which reveals that the relatives of schizophrenics (especially first-degree relatives like twin siblings) have a higher probability of developing the disorder, perhaps due to pre-existing brain characteristics. A point of conflict has arisen here however, as about half of the schizophrenic subjects in these studies came from families with no history of psychosis. It was later found (with the help of the neuropathological research mentioned above) that this occurred probably because these subjects suffered some kind of trauma during the birth process, and thus later developed schizophrenia. In the last forty years psychiatric researchers have even gone so far as to blame specific genes and chromosomes for schizophrenia and manic-depressive disorder. According to them these genes actually grow in size when 'moving' down a family tree, which is a notion similar to "degeneration" that existed in the nineteenth century (Comer, 2001, pp.435-436; Shorter, 1997, pp.241-246, p.268).

- **the psychodynamic approach**

Generally speaking, in the early twentieth century, psychodynamically oriented psychiatrists were not in favour of discriminating between different psychiatric disorders (a notion similar to unitary psychosis and contrary to people like Kraepelin) because they believed that the role of the therapist was to undo the causes of mental illness rather than deal with the symptoms. According to them, most people had a certain level of mental illness most of the time, thus classification was

unnecessary. This latter notion placed them at odds with psychiatrists who were in favour of a hereditary predisposition (or any kind of biological basis) in mental illness (Shorter, 1997, pp.178-179).

One of the most influential theorists of psychology in the twentieth century, Sigmund Freud (1856-1939), explained schizophrenia in terms of what he called a psychodynamic approach (Halgin & Whitbourne, 2003, p.443). According to this, schizophrenics are people who have had problems dealing with the harshness of the world and of society and have thus “regressed to the earliest point in their development, the pre-ego stage of primary narcissism, in which they meet only their own needs” (Halgin & Whitbourne, 2003, p.443). What happens in this situation is that the ego (the part of the personality which acts according to reality and its expectations [Pervin, 1993, p.80]) is no longer a mediator between the person’s inner world (comprising thoughts and feelings) and the outer world that surrounds them. These inner and outer realities become increasingly separate as the gap between them grows and the individual clings to a more comfortable inner reality. This results in confusion over identity and a sense of failure and low self-esteem (Crespo, 2003, p.184). Even though he coined the term that defines this approach, Freud did not take an active interest in treating schizophrenics and even dissuaded his followers from pursuing such goals. In keeping with his theory, he believed that people suffering from the condition were incapable of forming a bond with others, including the therapist (Peterson, 1985, p.286; Shorter, 1997, p.175). This would, of course, impede the psychoanalytical process as envisaged by Freud.

It was in the United States of America that psychoanalytically oriented psychiatrists mostly attempted to treat psychosis. Adolf Meyer (1866-1950), Harry Stack Sullivan (1892-1949) and Frieda Fromm-Reichman (1889-1957) were three of

the main early twentieth century psychiatrists to take on psychosis. Sullivan blamed a failure to deal with anxiety for psychotic behaviour while Reichman explained that conflicts arising by a lack of caring on behalf of one's mother (for whom she coined the phrase "schizophrenogenic mother") were responsible for inducing psychosis in an individual (Shorter, 1997, pp.176-177).

Other twentieth century theorists have advocated a behavioral view of schizophrenia. They claim that people who go on to develop schizophrenia are ones who have had problems responding appropriately to various environmental stimuli, possibly because of inadequate guidance and teaching in their childhood. As a result, schizophrenics create their own inner world of beliefs and fantasies in the manner described by Freud. Feelings of safety and self-importance follow and sufferers develop a lack of desire to leave their haven in order to re-engage with the everyday necessities of the world at large (Halgin & Whitbourne, 2003, p.321).

- **The sociocultural approach**

Thomas Szasz (b.1920), a professor of Psychiatry at Syracuse University in New York had a different hypothesis to the behaviourist view. Szasz doubts the existence of schizophrenia as a diagnostic condition, claiming that the term was created by psychiatrists to advance the reputation of their field and to propose simplistic solutions for dealing with people who are marginalised by mainstream society (a similar notion to the theorist Michel Foucault) (Porter, 2002, p.2). He believes that what is labelled as "mental illness" has essentially sociopolitical undertones and that these so called "physical illnesses" are mainly problems in communication and understanding. He therefore rejects the notion of a "brain disease" for mental illness and attributes it instead to problems in "social intercourse"

or divergence from a socially accepted norm (Szasz, 1960). In his famous book *The myth of mental illness* (1961) Szasz focuses mainly on hysteria (using it as an example in order to refer to all mental illnesses) and asserts that it was deemed a disorder only because psychiatrists (in this case Jean-Martin Charcot [1825-1893] who was supposedly an authority on this subject) named it as such in order to gain power and prestige. In other words, the systems of classification used by psychiatrists are the only standards by which to define psychological disorders and these standards are not reliable. Finally, Szasz sees hysteria (and thus all mental illnesses) as forms of game-playing behaviour aiming at enhanced communication and customary adjustment to social norms (Szasz, 1961).

A similar view to that of Szasz is held by sociologists Thomas Scheff and Erving Goffman (b.1922). Scheff believes that mental illness is a process of enforcing 'labels' on individuals who deviate from what society expects of them. He also supports that the reason for such 'labelling' is the inability of society to accept those whose goals differ from its own, and identify these individuals as targets of a process of supposed normalisation (which is virtually imprisonment). Goffman's view is that institutionalisation is an attempt by psychiatrists to gain more power (Shorter, 1997, p.276).

Along the same lines, theorists such as Theodore Litz (1911-2001) and John Modrow believe that the problematic environment in which schizophrenia is produced is narrowed down to the family. The fraught relationships and interactions of a dysfunctional family are, on this account, thought to be capable of generating schizophrenic behaviour. At the very least, Litz and Modrow believe family problems impede recovery once symptoms have appeared (Halgin & Whitbourne, 2003, p.321). Similarly, the "double-bind" hypothesis states that schizophrenia can appear in

children specifically because their parents convey messages that constantly contradict each other. These children develop symptoms as a result of the anxiety caused by the impossibility of responding to the contradictions (Comer, 2001, p.445) or through having to take sides. The anxiety leads to the now familiar concept of an imaginary world where the child finds sanctuary from its troubled life (Comer, 2001, p.446).

In his book *How To Become A Schizophrenic* (1992), John Modrow states that modern psychiatry has created the label of schizophrenia as a form of social control and accuses psychiatrists of inducing in their patients the very illness they claim to have diagnosed (Modrow, 1992, pp.226-229). Apart from attacking modern psychiatry, Modrow (who has himself suffered from the condition) also attacked all biological views of schizophrenia, attributing it instead to problems within the family, such as parental communication (Modrow, 1992, p.149). He blamed his own parents for treating him in a way that reinforced his schizophrenic attributes, injuring his self-esteem (Modrow, 1992, p.149) and leading him indirectly into psychosis (Modrow, 1992, p.105). He also rejected the biological views on the grounds that his own recovery would have not been possible had it had a biological basis (Modrow, 1992, p.156).

- **the sociological-existential approach**

Another theoretical view on the origins of schizophrenia is the so-called sociological-existential approach. Its main representative was the celebrated psychoanalyst R. D. Laing (1927-1989) who argued in a number of widely read publications throughout the 1960s that schizophrenia is not a disorder but a positive process that actually helps individuals deal with the negativity they face in their lives (Comer, 2001, p.446). By Laing's account schizophrenics are not necessarily seen as

‘sick’ but rather as gifted negotiators of their life plan since their minds “let in light which does not enter the intact minds of many sane people whose minds are closed” (Laing, 1960, p.28). In this approach, the schizophrenic motif of an imaginary world where the sufferer finds sanctuary is construed as an unavoidable withdrawal created (in the full sense of that word) by genuinely different views on life’s experiences (Laing, 1960, pp.44-45).

In parallel to other twentieth century approaches, Laing recognises that schizophrenia is caused by relational problems between inner and outer worlds. The unique contribution created by the existential frame is the inner conflict of the schizophrenic that leads to personal and social isolation (Laing, 1960, p.15). In *The Divided Self* (1960) Laing describes a defense mechanism constructed through the interaction of two fragmented parts of the psyche. A ‘false’ self is offered to the outside world as a distraction from a ‘real’ self that is reserved strictly as an inner sanctum (Laing, 1960, p.76). For example, the speech impairments and strange word associations often encountered in schizophrenics are explained as a form of acting put on by the former to hide the latter from the intrusive interest of the psychiatrist (Laing, 1960, p.177). Since the goal of the false self is social servitude it is continually criticised by its inner version and psychosis occurs when, under the weight of rejection, the false self leaves the real self exposed with no desire to comply with requirements of social life (Laing, 1960, p.77, p.102, p.106).

- **the metaphysical approach**

Lastly, twentieth-century approaches to schizophrenia also include a body of theory that is rooted in the most ancient ideas about madness. In order to survey the historical understandings of madness we began with a set of beliefs from European

antiquity. Now once again we find ourselves considering similar ideas of visitation and inexplicable presence. In *Anger, Madness, and the Daimonic* (1996) Stephen Diamond explores schizophrenia by carefully linking metaphysical and humanistic viewpoints with something he calls the “daimonic” (not to be confused with the “demonic”, which refers to evil properties [Diamond, 1996, p.81]). The daimon (δαίμων in Greek) is “that divine, mediating spiritual power that impelled ones actions and determined one’s destiny” (Diamond, 1996, p.66). According to Plato in *The Symposium* this spirit is “the agency through which intercourse and conversation takes place between man and gods, whether in waking visions or in dreams” (Diamond, 1996, p.69). The concept proved useful to Carl Jung (1875-1961) who defined the daimonic as “a determining power which comes from outside, like providence or fate...” (Diamond, 1996, p.70). The gist of Diamond’s work, as described by Carol Tavris (Diamond, 1996, p.172), is to re-examine the notion that madness takes over the life of the sane. Tavris points to the close association of linguistic terms in which both the schizophrenic and the angry person are seen to be ‘mad’ because they are regarded as having lost control of themselves. Alexander Lowen (Diamond, 1996, p.197) seems to confirm this interpretation. He understands schizophrenia as a state of conflict caused by the suppression of aggressive impulses due to the inability of these impulses to reach consciousness. In the next section of this chapter we will turn to the personal and societal dimensions of psychosis that form the domain of the psychologist.

1.2 Social aspects of psychosis

In the previous section psychosis was examined as an illness. We will now examine the condition as a disease, a concept that encompasses the social context within which an illness occurs (Gilman, 1995, p.12). In this part of the thesis, psychosis will be referred to as “madness” or “mental illness” mostly before the eighteenth century, as the various conditions were not distinguished at those times. It is important to understand mental illness as a social condition as well as a clinical one, since social aspects determine the attitude of the public towards both the plight of sufferers and the various therapeutic systems that offer treatment and support. These social attitudes, which have changed considerably over the centuries, gave rise to the phenomenon of institutionalisation (an attempt to deal with the upkeep and reformation of the insane in closed environments such as hospitals and asylums). These attitudes also reflect the broader cultural context within which the concept of Psychotic Art first surfaced and deeply affected the inception of this influential idea. This part of the chapter will also describe the first level of interaction between psychosis and art, with the portrayal of madness in artworks (both paintings and sculptures), stemming from the urge to visualise this condition and demystify it. The depictions of madness in art which have existed up to the twentieth century occurred both to illustrate the condition (for example in medical journals) and also to portray the various social issues that developed around the condition.

1.2.1 The upkeep of the insane from Antiquity to the early Middle Ages

One crucial topic concerning the social aspects of madness since its early days had been the sustenance of sufferers, since due to the severity of the condition

these people often required someone to take care of them. Before the emergence of specialised institutions for the insane, sufferers were usually taken care of by their family and kept at home. This plan of action was in existence in ancient Greece and Rome but also in Medieval Europe (Porter, 2002, p.89; Peterson, 1985, p.40). As mentioned by Foucault, mad individuals without families were often driven out of the city limits after being beaten or whipped publicly. Other times they were placed in the care of a group of merchants or nomads who used them as labour. In some cities they were cared for by public funds and placed in hospitals or other places (called 'shrines' by Foucault) reserved for the non-native mad (Foucault, 1965, pp.9-10). During the late Middle Ages the mad were sometimes imprisoned in towers or dungeons (Porter, 2002, p.90). Shorter mentions that in cities which did not provide for the mentally ill, it was not uncommon to see large numbers of them living as beggars on the streets. For those who were taken care of by their families, the quality of life was not necessarily better than those living in the streets, as they were often abused physically, or incarcerated at home, by their own relatives. Even when at home, they were mostly restricted to a dark, damp room, without abundant care or physical hygiene, and rarely any kind of social interaction (Shorter, 1997, pp.2-3).

1.2.2 The birth of institutions and the ensuing problems

Eventually special institutions for the care of the mad started to appear, mostly of a religious nature. The need for these kinds of institutions may have arisen due to the growing numbers of mentally ill individuals or perhaps due to the stigma of keeping a mentally ill relative at home. Apart from this social stigma, one needs to acknowledge the vast difficulties, with regards to both time and effort, present in such an endeavour.

- **The first institutions**

One of the earliest religious institutions was the Priory of St. Mary of Bethlehem in London (introduced earlier in the chapter) that was founded in the mid-thirteenth century. It was a century before 'Bethlem' (as it became known) was actually classified as a hospital and it took until the early fifteenth century for it to become an asylum that officially housed insane patients, as it included six mad men in its population (Peterson, 1985, p.74; Shorter, 1997, p.4). This number had increased to one hundred and twenty-two by the beginning of the nineteenth century as Bethlem remained a public institution from the sixteenth century all the way up until the middle of the twentieth century (Shorter, 1997, p.5). Other early famous European institutions were founded in the Low Countries (mostly the Netherlands, Belgium and Luxemburg) (Wikipedia, 2007) and in Spain (fifteenth century) (Porter, 2002, p.90). Religious institutions that cared for the mad were relatively common among Christian countries from the sixteenth century on (Porter, 2002, p.92). However, all the asylums that existed in those days aimed at looking after the mad rather than actually curing or treating them (Shorter, 1997, p.4).

- **Early works depicting mental illness**

The religious nature of these first institutions can be seen in the seventeenth century painting *The Miracle of St. Ignatius of Loyola* (1615) (Fig. 1 [Vassiliadis, 2002, p.65, illus]) by Peter Paul Rubens (1577-1640), which depicts the saint curing the mad. These individuals display a variety of 'mad' characteristics such as the swollen neck, the tongue sticking out of the mouth and the wide open eyes, all of which point toward a grotesque and unsympathetic portrayal of madness (Vassiliadis, 2002, p.65). This painting helps to explain the influence of religion and superstition

on the views toward madness, since the mad are depicted as though they are in the throes of demonic possession. Through the calm and composed figure of St. Ignatius, the apparent message of the painting is that religion is the sole cure for madness as it is the only way to fight against evil, Satan or demons. This of course ensured the power and authority of the church as the only institution equipped to handle this supernatural plague.

Another work that portrays the late seventeenth century views of madness is a pair of statues by Caius Gabriel Cibber (1630-1700), which was placed at the entrance of Bethlem. Of these statues, the first portrays the madman in a state of melancholia or sadness where (similar to the symptoms of catatonia) the sufferer is mostly silent, meek and withdrawn (Fig. 2 [MacGregor, 1989, p.14, illus]). Berrios and Porter (1995) note that the hand of the melancholic is hidden in an attempt to portray it as 'idle', to reinforce the belief that idle hands were influenced by the devil. This was a reference to demonic possession which, as we have seen, was one of the prevalent views at the time. The other statue depicts the madman chained in a state of uncontrolled lunacy (Fig. 3 [MacGregor, 1989, p.15, illus]) (MacGregor, 1989, p.14; Berrios & Porter, 1995, p.412). This illustrates madness as a pitiful condition and the madman as a wild beast, dangerous, and beyond any kind of control. These two conditions of madness were prevalent from the fifteenth century onwards (Foucault, 1965, pp.117-118) and to an extent still exist today in modern psychopathology where the symptoms of madness, as has been seen in the previous section of the chapter, vary widely. The latter portrayal of mental illness therefore, helped to strengthen the view that mad inmates were animals and should be treated as such, a notion that flourished in the fifteenth and sixteenth centuries.

- **Institutions in the seventeenth and eighteenth century**

According to Foucault, in seventeenth century France, during the reign of Louis XVI, there was a wide confinement of the mad and the poor (Porter, 2002, p.92; Foucault, 1965, pp.38-39). Shorter (1997) however refutes this, believing that such a “grand confinement” never actually took place, noting that the numbers of institutionalised patients were very small compared to the overall population of major European countries (Shorter, 1997, pp.5-7). The first institution to start in France was the Hospital General in 1656 (which included the Bicetre for men and the Salpetriere for women) and by the time of the revolution institutions could be found in thirty-two of the other states (Foucault, 1965, pp.39-42; Shorter, 1997, pp.5-6). There were also centres in Germany and Holland (which included jails as well as hospitals) housing poor or homeless citizens, criminals, as well as the insane (Foucault, 1965, p.45; Peterson, 1985, p.40). In England the first private asylums catering exclusively for the mad began to appear around the seventeenth century. While their jurisdictions and responsibilities were unclear, their aim was to make profit (Peterson, 1985, p.40). Even by the end of the eighteenth century however, the numbers of patients in institutions were not very large. As Shorter notes, the largest asylums (such as Bedlam in London, the Bicetre in Paris and the “fools’ tower” in Vienna) at best housed a few hundred patients. These numbers were to increase dramatically during the next century, as we shall soon see (Shorter, 1997, p.34).

One serious problem stemming from institutionalisation was the actual living conditions in these institutions which, according to Foucault, were nightmarish. Asylums such as the Salpetriere in France had lower levels reserved for the most troublesome and dangerous patients. These levels were characterised by unhealthy and dangerous living conditions caused by humidity and large numbers of vicious

rats. More reliable patients were put in safer cells and had to deal with problems of overcrowding (Foucault, 1965, pp.71-74). Other problems that arose were observed in cases of patients who had been chained to walls for long periods of time (in some cases even longer than a decade) (Peterson, 1985, p.74) and reports of excessive physical and psychological abuse of patients by staff-members began to surface (Peterson, 1985, p.94). In general, the asylums of those days were ideally places where mental illness could be secured and exhibited without posing a threat or being a menace to the wider public (Foucault, 1965, p.207). It was obvious therefore that society was not concerned with the lives or well-being of inmates but rather with protecting itself from these ‘abnormals’.

The eighteenth century saw continuous efforts to revise the laws regarding the confinement of individuals to asylums, mostly in an attempt to protect poor citizens who were more likely to be wrongfully institutionalised (Peterson, 1985, pp.40-41). It was also characterised by the establishment of institutions in other English cities such as Manchester, Liverpool and Newcastle (Porter, 2002, p.90). The first psychiatrist to attempt to treat mentally ill individuals, as opposed to just looking after them, was William Battie (mentioned earlier), a physician at St. Luke’s Hospital in London during the mid-eighteenth century. Battie wrote *Treatise on Madness* (1758), a document in which he stated his belief that the curability of madness could be achieved by the total isolation of patients from their relatives and friends, and their surrender to the staff of the institution (Shorter, 1997, pp.9-10).

In the late eighteenth century, another physician, Vincenzo Chiarugi (mentioned in the first section), experimented with what became known as “moral therapy”. He believed that one way to treat melancholia (one of the major manifestations of mental illness at the time) was by cultivating feelings of hope in the

patients. This approach can be seen as the beginning of formal psychotherapy. Other physicians, such as John Ferriar (1761-1815), proposed the encouragement of self-control in patients, as well as a sense of personal restraint deriving from the patients themselves (Shorter, 1997, pp.10-20). The conditions of asylums in the eighteenth century have been depicted by a number of artists at that time hence a good way of visualizing the situation is by looking at these depictions.

- **Early examples of art by the mentally ill**

One of the most famous engravings of the eighteenth century is *The Rake's Progress* (1735) (Fig. 4 [MacGregor, 1989, p.12, illus]) by William Hogarth (1697-1764), which depicts the inner quarters of Bethlem hospital. The image shows the 'rake' Tom Rakewell chained in the foreground. Rakewell has been institutionalised as a result of his vices. In describing the sad consequences of a life spent gambling, abusing alcohol and using prostitutes, the picture also depicts a variety of psychotic conditions present in the inmates of the asylum. For example, megalomania is represented by the figure wearing the crown and holding the scepter; religious delusions feature in the figure on the left with the cross (MacGregor, 1989, pp.13-16; Gilman, 1982, p.54).

One important detail of this picture is the patient hiding behind the door in the middle of the composition who is drawing something on the wall (Fig. 5 [MacGregor, 1989, p.18, illus]) suggesting, early on, the creative activities of mad patients and may have been actually observed by Hogarth on his visits to Bethlem. The drawing of the patient is an attempt to calculate the longitude of the earth, put forth by William Whiston (1667-1752) and later abandoned. This example is one of the first clear implications of artistic madness existing as subject matter in a work of art. This

artwork also contains another example of “mad creativity”, exemplified in the drawing of a house (or church since it has a cross on its roof) observed on the vertical beam of the staircase, also the work of a patient (MacGregor, 1989, pp.16-18). Another engraving, *Male ward in Bedlam* (1710) (Fig. 6 [MacGregor, 1989, p.17, illus]) by Bernard Lens (1682-1740) and John Sturt (1658-1730) also exhibits artistic creation by the mentally ill. It is found in Jonathan Swift’s book *A Tale of a Tub* (1710) and depicts a patient in Bethlem (the figure on the left wall) contemplating a drawing on the wall containing three bundles of grass along with some forms resembling shields (MacGregor, 1989, p.17).

These two artworks depict the phenomenon of artistic creativity by mentally ill individuals, in a controlled institutional environment. As far as we know, structured art therapy classes or sessions (or any kind of intervention programme) did not exist at that time in institutions. It would therefore be an error to think that these works were created within a formal context such as an art class. The fact that these patients had the will (or urge) to create in an artistic medium, points toward a possible link between mental illness and artistic creation. Even though this situation had possibly been witnessed by artists at the time, the concept of Psychotic Art had not yet consciously come into existence, as we will soon see. Both these details therefore are, in my opinion, the beginning of the concept of Psychotic Art, the historical development of which is the platform that my practical research has been based on. The engravings also highlight the second type of interaction between psychosis and art which is the influence of artistic production on psychosis. They are thus very early documented examples of mentally ill patients turned toward artistic production, which is one of the categories of artistic production I will be exploring in my thesis, in the following chapter.

The above artworks can also be seen as early examples of the relationship between madness and creativity (described in the previous section of the chapter) which had its roots in the notion of the insane genius prevalent in ancient Greece. This notion will resurface often throughout the thesis. Finally, the details of the mad patients drawing on the walls of institutions can also be interpreted as an early depiction of artistic production perhaps used as a therapeutic means, which is the precursor to the concept of “creative psychosis” (a term initiated by the psychiatrist Pavlos Vassiliadis which I will introduce in the next section).

Another interesting detail from Hogarth’s engraving is the two women in the back right of the composition, nearest to the door, who are obviously spectators, having perhaps paid to observe the condition of mentally ill patients as a pastime or a thrill. This tragic consequence of institutionalisation was mentioned by Foucault who claimed that the exhibition of insane inmates as a spectacle for profit started during the Middle Ages in Germany and was practiced in certain institutions (such as Bethlem) until the beginning of the nineteenth century. Shorter also corroborates this information and claims that sometimes the mad were observed performing “tricks” of dexterity (Foucault, 1965, p.68; Shorter, 1997, p.3).

- **The notion of the insane artist**

Another illustration from the eighteenth century by Paul Sandby shows Hogarth himself as a mad patient in Bethlem painting on the walls of the institution (Fig. 7 [MacGregor, 1989, p.21, illus]) (MacGregor, 1989, p.20; Gilman, 1982, p.134). The etching depicts the artist chained to the wall with a long chain that allows him to walk around his cell, in a state of creative frenzy, filling the walls with numerous drawings. This is perhaps one of the earliest depictions of artists driven

mad and is a precursor to the ideas present in the third type of interaction between art and psychosis, which is the influence of psychosis on artistic production. This influence is an important idea in my thesis and will be explored in the third chapter where I will look at examples of artists who were afflicted with madness but continued their artistic production despite the condition. The sketch is an even better illustration of the notion of creative madness which had been around since ancient Greece. We could say that this etching best exemplifies the ideas of Plato concerning creativity and madness (such as the concept of “divine fury” present in poets), or the notion that madness was an alternate state of consciousness required in order to produce creative works, which also complies with the concept of the insane genius. The artist depicted in the etching seems to be in a world of his own, a world which is characterised by an outbreak of creative impulses. This idea will be seen later on in various psychotic patients for whom the onset of the disorder signified the beginning of artistic expression.

1.2.3 The reformed institutions in Europe

In many countries most public asylums did not appear until 1845 by which time the private houses were catering mostly for wealthy upper-class patients (Porter, 2002, p.94; Peterson, 1985, p.46). From the end of the eighteenth and through to the nineteenth century there were continuous efforts for reform in institutions. The new asylums were organised around principles that no longer focused on medical or quasi-scientific methods like bloodletting (which had taken place in Bethlem), but on innovative techniques such as management and personal contact with patients (Porter, 2002, p.102). Reformers like Pinel and William Tuke (1732-1822) relied on moral

and psychological means in order to treat the disorder, by entering into the psyche of the sufferers and trying to change their mode of thinking (Porter, 2002, p.105).

- **The reforms of William Tuke**

Tuke established a centre in York in 1796 called the Retreat, where there was minimal physical restraint (Porter, 2002, p.104). Foucault mentions that, even though the general director was a physician, it was modeled after a Quaker community providing a religious as well as moral character, religion being one of the guards against madness. The goal of the Retreat was not to cure the disease but to control it, using fear on a deep and subtle level, arising not from outside sources but from the consciences of the patients themselves. The main technique used for this was the designation of responsibility to inmates which was related to the work they had to carry out as part of their regime, commonly known as “moral treatment” (Foucault, 1965, p.248; Shorter, 1997, pp.20). Another aspect of this moral treatment was gatherings, similar to parties, which were organised at the Retreat. At these gatherings, patients often participated without restraint and the guards intervened only with dialogue and persuasion, which was a risky, but also genuine, effort towards a more humane approach (Foucault, 1965, pp.243-251). The main principle on which the Retreat was built was kindness toward the patients, which Tuke believed was the cornerstone of the therapeutic process (Shorter, 1997, p.21). Throughout the nineteenth century laws for the confinement of mad patients were starting to change, and this was a step toward a more compassionate treatment for them (Peterson, 1985, p.45).

The above mentioned reforms practiced by Tuke can be witnessed in the lithograph *Lunatic's Ball* (1848) by Katharine Drake (Fig. 8 [Gilman, 1982, p.149,

illus]), depicting a dance of mentally ill patients held inside an institution with the word harmony inscribed on a wall. It exemplifies the various improvements in the living conditions of inmates implicated in the institutions during that century, including social activities (such as dancing) aimed at re-establishing the social life of patients (Gilman, 1982, pp.148-149). It is interesting to note that while some patients are smiling and seem to be happy, some look distraught, evidenced by the seriousness of their gazes (such as the two at the front on either corners of the composition as well as the one in the middle standing by himself). They may perhaps feel lonely (as all three of them are by themselves), or skeptical towards the various institutional reformations.

- **The reforms of Philippe Pinel**

Pinel's reforms in France did not have a religious character (as did those of Tuke) since he viewed madness as a form of societal failure (Foucault, 1965, p.259). He believed that this failure had been brought about by the French Revolution, as statistics showed that there were three times more cases of madness in large cities than in rural areas at the time (Torrey, 1983, p.213). In 1792 Pinel was assigned to the post of director of the Bicetre (the wing of the Hospital General housing only mad patients) and began by removing the chains from inmates and letting them out of their cells where they had been confined like wild animals (Peterson, 1985, p.43). This can be seen in the painting *Pinel Unchaining the Insane at the Hospital of Salpetriere* from (1878) by Tony Robert-Fleury (1837-1912) (Fig. 9 [MacGregor, 1989, p.27, illus]). It portrays Philippe Pinel as a glorious humanitarian (emphasised by the girl kissing his hand) unchaining the mad in the Paris hospital in an effort to enforce a more humane treatment (MacGregor, 1989, p.26). The inmates are once again

portrayed as mindless and wretched entities barely conscious of their environment, which is depicted in their rather distant psychological states.

The asylum established by Pinel had a strong social character according to Foucault as, under the guidance of physicians, the patients were encouraged to view themselves as mad, becoming self-conscious of their own behaviour (sometimes with the use of mirrors). This feeling that they were constantly observed and judged by others (whether fellow patients or authorities) cultivated feelings of guilt in them (Foucault, 1965, pp.265-270). Pinel himself was very friendly and engaging with the patients, he soothed them with warm baths and designated activities and tasks for them to prevent them from being idle. His goal was to gain the trust of patients as he believed this was the only way he could enter their minds and help them (Shorter, 1997, pp.11-12, p.21). In addition to all this, a committee was assigned to ensure the appropriateness of the facilities of each institution, the maximum number of inmates as well as the laws regulating the confinement of individuals (mostly applying to those with no families or below poverty level) (Porter, 2002, pp.108-109).

- **Other reformers of the nineteenth century**

Another major reformer, who was a close friend of Pinel (and to a great extent derived his ideas from him), was Dominique Esquirol, director of the Charenton asylum. He, like Battie before him, believed that total isolation from the outside world was the main instigator of the therapeutic procedure because this isolation would estrange the patient from his/her former life. This way the individual would lose contact with the passions that, to a great extent, led to this condition. Apart from that however, Esquirol also built a strong sense of community with his patients, often having them dine with him and his family at the same table and even allowing them to

leave the asylum on day-passes. He structured the day with various activities, including billiards, walks in the garden, various social games, music and dances, and encouraged the patients to reflect on the major changes in their lives as a way for them to heal themselves (Shorter, 1997, p13, p.19, p.40). The rest of France however did not seem to share the revolutionary humanitarian reforms of Esquirol as most other asylums were but “storage places” for mentally ill patients (Shorter, 1997, pp.40-41).

At the same time in Germany, one important figure (who is sometimes seen as an opponent of Pinel) was Johann Reil. Unlike Pinel and Esquirol (who had a vast first hand experience with patients) the only contact he seems to have had with mentally ill patients was in the Halle prison where he was stationed as a physician for some time. Thus many of his ideas were theoretical and it is questionable as to how many of them were actually implemented. Reil proposed the building of theatres in psychiatric institutions and the use of both physical therapy and psychotherapy, as well as baths and various “exercises in attentiveness”. He also believed in allowing male patients to use prostitutes, perhaps in an attempt to improve their mood by providing some form of release for them (Shorter, 1997, pp.13-14, p.19).

Another German figure was Ernst Horn (1774-1848), the director of the Charite Hospital in Berlin at the beginning of the nineteenth century. His approach was an example of Prussian discipline, since he ran the institution as a military hospital with strict daily regimen for the patients, including military drills, geography lessons, wood chopping activities and even drawing and painting classes (Shorter, 1997, pp.14-15, p.19). This last point is essential as it is the earliest reference to structured art activities in institutions and thus a precursor to art therapy. It is also important to note that even as far back as the nineteenth century there was the notion

that artistic activity may have some therapeutic capacities as well as recreational ones. It is hard to determine if Horn saw artistic activity purely as a pastime or as a means of therapy, but it is possible that he used it for both purposes.

Two other examples of institutional reform in nineteenth century Germany were the Sonnenstein and Siegburg. The former was established in 1811 and run by Ernst Pienitz (1777-1853) (who modeled it after Pinel's and Esquirol's asylums) whose primary aim was to cure his patients. Among other commodities the Sonnenstein provided billiards, a library, and music rooms where concerts were held every few weeks. Siegburg was managed by Maximilian Jacobi (1775-1858), a physician who, apart from using traditional methods (such as bloodletting and laxatives), also regulated his patients' diet and spent a great deal of time talking to them, in an attempt to gain their trust. This again indicates an early form of psychotherapy which was a prerequisite for a more humane treatment of the mentally ill (Shorter, 1997, pp.37-39).

In nineteenth century Britain, other asylums that bore new reformed measures (apart from Tuke's Retreat) were the Yorkshire Lunatic Asylum at Wakefield and the Middlesex County Lunatic Asylum in London. These institutions were both established by William Charles Ellis (1780-1839), who later ran the Hanwell asylum in London. Ellis eliminated restraints on patients and introduced various daily activities coupled with "affectionate attention" and kindness, tactics that were also used at the Crichton Royal institution in Dumfries by William Alexander Francis Browne (1805-1885) (Shorter, 1997, pp.42-43). Physical restraint was also abolished in the establishments run by Robert Gardiner Hill (1811-1878) and John Conolly (1794-1866), who instead focused their treatment on work-therapy programmes, where physical labour (viewed as both a form of treatment as well as a way to cut

costs) became a substitute for restraint (Porter, 2002, pp.114-116). This idea had been implemented in France since the eighteenth century (Foucault, 1965, p.58).

- **The art of Francisco Goya**

The attempt toward a more compassionate treatment of the mad can be witnessed in the work of Francisco Goya (1746-1828). He comprehended madness as a state of psychic power in which one was able to observe things that others were not (which in a way anticipated the ideas of R. D. Laing) and also as a state of absolute seclusion from the everyday world into a personal one. This was a step toward viewing the mentally ill with a humanitarian conscience and can be seen in his work *The Madhouse* (1812-1819) (Fig. 10 [MacGregor, 1989, p.73, illus]), which represents the interior of a mental institution of those days. Like the works by Hogarth, it depicts mad individuals as people who are immersed in their private worlds, oblivious to other inmates surrounding them, exhibiting a total lack of communication. It also depicts them as people who are at a constant battle with others and with themselves, forsaken by a society which they themselves have also renounced. In addition to this, however, Goya's artwork gives the mad a certain personal character and portrays them as actual people, rather than as paradigms of illness. It was nevertheless unclear to observers of Goya's work whether he wanted to glorify madness or viewed these individuals with a degree of pity and remorse. According to MacGregor, there are speculations by some students of Goya's art that his portrayal of the mad was influenced by his own affliction with an almost fatal illness, as well as his agony about the possibility of a psychotic breakdown (MacGregor, 1989, pp.71-72).

- **The art of Theodore Gericault**

Another aspect of the nineteenth century was that the study of mental illness became more comprehensive, requiring illustrations in order to observe the physiognomies of patients and build case studies for them (MacGregor, 1989, pp.39-40). One painter commissioned to paint portraits of mad individuals was Theodore Gericault (1791-1824) who was assigned to depict a number of inmates from the Salpêtrière and Bicêtre hospitals in 1822. A possible reason for these portraits was that they were meant to act as substitutes for live patients (as it was hard to obtain these subjects from institutions). The important attribute of his works was that they were powerful and insightful as portraits, based on realism (in this context it is not meant as an art term but rather denotes an objective, accurate and unbiased documentation of reality), instead of dramatic representation or theatrical gestures (Fig. 11 [Vassiliadis, 2002, p.66, illus]). An important characteristic of Gericault's portraits was that they did not encompass any of the characteristics of madness which were prevalent from the Middle Ages to the seventeenth century (as for example the swollen neck or bulging eyes in seventeenth century artworks). In this sense the portraits were revolutionary because they were in conflict with the previous tradition of depiction of madness, since they portrayed mad inmates as though their external appearance was no different from the average person. They were an attempt toward a more benevolent description of the mentally ill, portraying them primarily as people rather than patients. Finally, they were also menacing in the sense that they introduced a frail line between sanity and insanity, presenting the former as a rather ephemeral quality (MacGregor, 1989, pp.39-44; Gilman, 1982, p.90).

- **Nervous disorders**

In the late eighteenth century it became somewhat of a fashion in literary and artistic circles to be suffering from milder forms of psychopathology, such as hysteria, hypochondria, various neuroses and obsessive-compulsive disorder (these did not occupy a major chapter of psychiatry as opposed to mental illness, which was deemed much more serious and was stigmatised). Of these disorders (called at the time “nervous disorders”), hypochondria was more prevalent among males, while hysteria was more common among females. However, even the traditional notion of mental illness had become gender specific, mania for males and melancholia for females. Succumbing to nervous disorders was deemed ‘trendy’ because it showed that one possessed a “sensitive soul” that was not capable of adjusting to the roughness of urban life (Berrios & Porter, 1995, p.418; Shorter, 1997, pp.22-26). This sensitivity was a characteristic attribute of many artists, writers and poets, and it was perhaps a precursor to the Romantic notion of the troubled artist, which blossomed in the nineteenth century and had its basis in the ancient Greek ideal of the insane genius. During the eighteenth century nervous disorders were often treated in spas, existing throughout Europe and catering mostly to the wealthy. Their treatment was also largely in the hands of “society nerve doctors” such as George Cheyne (1671-1743) and Augustus Bozzi-Granville (1783-1872) (Shorter, 1997, pp.22-26).

Throughout the nineteenth century, nervous diseases were still viewed as separate from actual mental illness mainly because they were not thought to be hereditary. The spas were becoming more common (for those who could afford them of course, as they were mostly private) and they were seen as an alternative to the asylum, which was reserved for those who were of lower economic status. Gradually however, individuals who had severe forms of mental illness (and an adequate

income), like madness or depression, began to frequent these therapy centers. The main therapy offered at the spas was “hydrotherapy”, which utilised water in order to cure people (this has been in use for a long time as we have seen in section 1.1), but many also offered massage and electrotherapy (Shorter, 1997, pp.116-128).

Towards the late nineteenth century a new disease labelled “neurasthenia” (derived from the Greek words “neuro” meaning ‘nerve’ and “asthenia” (ασθένεια) meaning ‘illness’) was introduced by George Beard (1839-1883) who, on an intensity scale, placed it between madness and hysteria. For this disease which, at that time, was perceived as an “exhaustion of the nerves”, the physicians usually recommended the “rest cure” (limited to patients with high financial capacities). It employed rest, isolation, footbaths, and certain dietary restrictions. This cure was eventually found to rely more on psychological factors (such as the power of the therapist as a figure of authority, and compliance on behalf of the patient) than physiological ones (Shorter, 1997, pp.132-135).

- **Social treatments of the nineteenth century**

The late nineteenth century saw various attempts at treating mental illness in a more socially oriented manner, one that would de-stigmatise it and perhaps change people’s notions of it. Two such examples, both from Germany, were a Clinic for Nervous Patients in Helmstedt which opened in 1861 and a private asylum in Bendorf-on-Rhine which opened in 1866. Both of these institutions had the peculiarity of being “open asylums” meaning that the patients were committed there voluntarily and thus could leave at their own initiative. Another social measure was “family care” which seems to have started out in Belgium and Scotland. In nineteenth century Germany this approach was carried out in both Bendorf and Hanover where

directors of private asylums would regularly place patients (mostly wealthy ones) as lodgers in the homes of families of farmers, for a monetary charge, thus escaping the stigma of institutionalisation (Shorter, 1997, p.230).

1.2.4 Institutions in the United States of America

With regards to the upkeep of the mentally ill, the United States did not differ much from Europe. During colonial times patients were usually cared for at home, while the ones without families often ended up in jail. Some colonies sent their mentally ill off as cheap labour for farms while others expelled them. The first “poorhouses” were started in Boston around 1662, gradually building facilities exclusively for the mad, while the first public hospital, the Philadelphia Hospital, was built by Quakers in 1750 and used to house the mentally ill by the end of the century (Peterson, 1985, pp.108-111). In 1791 the New York Hospital was established, initially housing, among others, some mentally ill patients. However, twenty years later this hospital had a separate building for these patients, labelled the “Lunatic Asylum”. The first ‘psychiatric hospital’ per se in the United States was built in Virginia in 1773 (Shorter, 1997, p.7).

The increase in the number of the mentally ill during the nineteenth century necessitated an increase in the number of asylums (Torrey, 1983, p.214). The first of these was the Frankford Retreat in Pennsylvania in 1817, which (largely influenced by Tuke’s retreat in York) valued the reformed measures highly and did not use restraints on patients. This instigated the birth of an institution in Hartford, Connecticut, run by Eli Todd (1769-1833) and Samuel Woodward (1787-1850), which also stressed kindness and moral restraint for its patients. Despite these principles, Woodward sometimes used inhuman non-reformist techniques, such as

burning the skin with acid in order to extract humours and imprisoning patients in rooms. Nevertheless, he was later stationed in an asylum in Worcester Massachusetts where, having the previous experience at Hartford, he brought order and harmony to institutional life. Finally, one more important institution at the time was the Mclean Asylum in Massachusetts, directed by Rufus Wyman, who attempted to deflect the minds of patients from unpleasant thoughts by utilising leisure activities such as games (chess, backgammon), gardening, and chopping lumber (Shorter, 1997, pp.43-45).

Apart from an increase in the number of asylums there was also a need to improve the living conditions in these institutions, initiating a nationwide struggle headed by Dorothea Lynde Dix (1802-1887). Dix began by winning a court case against the authorities of an asylum in Cambridge, Massachusetts, and eventually spread her activity to many states east of the Rocky Mountains, intending to increase the number of institutions and expose wrongful activities (such as the incarceration of patients in cells or cages for years on end, as well as the dehumanizing and highly unhygienic conditions existing in these environments) in the ones that were already present. Unfortunately however, although the number of institutions did increase, the quality of life in them did not progress and most inmates were not guaranteed treatment (Peterson, 1985, pp.111-115, Shorter, 1997, pp.3-4).

1.2.5 The decline of reformed institutions

Toward the late nineteenth century the movement toward a more humanitarian, and simultaneously therapeutic, approach to institutionalisation was rapidly fading. Although the strategies adopted by reformers were effective, the downfall of the reformed asylums was due to the massive increase in the number of

mentally ill patients who ended up there, occurring both in European countries as well as in the United States of America. This dramatic increase in the number of institutionalised patients has been attributed to a number of reasons. One view (which includes Foucault's opinion) suggests that this increase was due to an attempt to imprison various 'unwanted' or marginalised individuals (such as the poor, the bohemians and other 'deviants', basically anyone who did not adhere to the capitalist ideology) who were not necessarily mentally ill. This view also doubts the very existence of mental illness (similar to the "sociocultural" approach seen in section 1.1.5) and is opposed by Shorter who believes there is no evidence to support it. A second view does not doubt the existence of mental illness but believes it to be a rather constant phenomenon (with regards to prevalence) and therefore blames other social reasons for the increase in the number of patients. Finally, a third view (which is also supported by Shorter and seems to be the most logical and substantiated) believes the rise in numbers to be attributed to both a "redistribution" of mental illness as well as an upsurge of actual incidents of illness (Shorter, 1997, pp.46-49).

The first part of this latter hypothesis claims that the mentally ill (present in large numbers but not institutionalised) were somehow disseminated into institutions during the nineteenth century. Most of these people were until then cared for at home by their relatives; however, there seems to have been a change of attitude in people's willingness to keep their mentally ill relatives at home during the late nineteenth century. This seems to have been due to a shift in domestic dynamics that took place at the time, during which the familial unit became a much tighter entity. The closer-knit environment viewed ill relatives (including in many cases aged relatives with dementia or senility) as disruptive, and sometimes even dangerous, for the wellbeing of other members. In some cases perhaps, parents may have viewed them as negative

“role models” for their children. These notions forced many families to place these individuals in institutions thus contributing to the increasing numbers of the institutionalised (Shorter, 1997, pp.50-52).

The second part of the hypothesis maintains that there was an actual rise in incidences of mental illness (meaning that more people actually became ill). This was caused partly by the documented rise of neurosyphilis (mentioned in section 1.1.8) and by the rising rate of alcohol consumption, alcoholism and therefore alcoholic psychosis (a psychiatric condition associated with long-term abuse of alcohol). There is also evidence that shows a significant increase in psychosis (even though at the time this term was confused with other affiliated disorders, as seen in section 1.1.4) during the nineteenth century, contributing in turn to the general rise of mental illness (Shorter, 1997, pp.53-62).

Similar to the problems of institutionalisation in Europe, the late nineteenth century in the United States gave rise to a number of accusations of wrongful and inhumane treatment directed towards institutions. Two such accounts were those of Ebenezer Haskell and Clifford Beers (1876-1943), both former inmates. Haskell testified to having observed old and unable patients being savagely abused by the staff, either beaten or confined from movement, for days on end. Beers also gave similar accounts of these extreme physical trials that sometimes led to the death of older and weaker patients (Peterson, 1985, pp.133-135; p.162). As late as the mid-twentieth century, violations of human rights were still present in institutions in North America, some of which by now included thousands of patients. Generally speaking it took a lot longer for restraint to be phased out in American institutions than it did in European ones (Peterson, 1985, p.238).

1.2.6 Twentieth century social treatments for schizophrenia

In the early twentieth century, “outpatient” clinics flourished in European and American cities. Usually set inside the asylums, these clinics were there to provide therapy to patients who were not residents at institutions (inpatients), and this way they helped strengthen the bond between institutions and their surrounding communities. In 1930 England adopted the Mental Treatment Act according to which, institutions were to be accessible to the outside community. In 1935 Warlingham Park Hospital unlocked its doors and terminated the use of locks and keys, hence employing an “open-door” policy for all its patients (Shorter, 1997, pp.230-231).

It was in England also that the first “group psychotherapy” sessions began to take place under the Austrian psychotherapist Joshua Bierer (d.1984), for both inpatients and outpatients. Bierer supported this idea (which he called “community’s treatment”) as something that would empower the individual’s sense of individuality and independence (since everything was instigated by patients), as opposed to individual psychotherapy which increases the person’s dependence on the therapist. A similar approach re-emerged in England in the mid-twentieth century, with the establishment of the successful Mill Hill Hospital that provided psychiatric treatment to civilian and military patients suffering from shell shock (a psychiatric condition caused by nerve-injury during combat) (Wikipedia, 2008). This programme was run by Scottish physician Maxwell Jones, and included group psychotherapy, group meetings (where problems of daily life were discussed), along with a form of role-playing and acting (later to be named “psychodrama”). The latter activities were initially performed by the staff and eventually went on to include patients. In 1945 this form of treatment was attempted at the Southern Hospital in Kent and two years

later at the Belmont Hospital in London. Another military institution involved in therapeutic community treatments was the Northfield Military Hospital in Birmingham, which thrived on “emotional contact”. John Rawlings Rees (1890-1969) (one of the founders of the Tavistock Clinic in London) further combined psychoanalytically oriented psychiatry with military psychiatry when he became the director of army psychiatry in 1939 (Shorter, 1997, pp.231-235).

A few years later, in the late 1940s, Ewen Cameron and Joshua Bierer established “day hospitals”, the former in Canada and the latter in Britain. Bierer’s centre provided outpatient treatment that combined socially-oriented techniques such as psychodrama and group therapy, with medically/biologically oriented treatments, such as insulin care and ECT (Shorter, 1997, pp.235-236).

In the United States of America, the above concepts were implemented differently than in Britain (perhaps due to a lack of military interference). Group psychotherapy surfaced in the 1930s at the Bellevue in New York where groups of patients would be treated together while discussing the similarities between their problems and symptoms. Social psychiatry began in the 1950s and targeted everyone involved in the life of a patient (including family and friends). One concept that flourished during that time was that of a “therapeutic community” which consisted of hospitals with open-door policies, where therapy relied mostly on ‘one-on-one’ (between the doctor and an individual patient, as opposed to group therapy) psychoanalysis (Shorter, 1997, p.237).

Another important phenomenon of the late twentieth century, was a strong de-institutionalisation movement in the United States, where in a period of roughly thirty years (from 1955 to 1988) the number of institutionalised patients dropped by more than eighty percent (from five-hundred fifty-nine thousand to one-hundred seven-

thousand). This movement, which was mostly a result of the new drug-treatments that were discovered around that time (described in section 1.1.7) aimed to take patients out of institutions and release them into society. However, this dramatic change resulted in many former patients either becoming homeless (and thus falling victims to street criminals), or engaging in criminal activity (Shorter, 1997, pp.280-281).

Even though antipsychotic medication is the main treatment against schizophrenia in contemporary society and seems to be most prescribed in severe cases, there are a number of other treatments available, which provide mostly psychological support for patients and help them reintegrate into society (Comer, 2001, p.463). One such form of therapy is “social skill training” in which patients are taught to behave in appropriate ways, especially with regards to others. Some treatments take place inside institutions where, aided by the staff, patients can partake in a “token economy”, where they are given tokens as rewards for acting in ways that are in accord to the institutional authorities. In both situations the reinforced behaviours are learned and eventually become instinctual (Halgin & Whitbourne, 2003, pp.324-325).

According to Diamond, another way to approach this kind of therapy is with creativity, which represents a constructive outlet for the daimonic and strengthens the patients’ “sense of being” (Diamond, 1996, p.223). Creativity derives from inner conflicts and assists patients in expressing these conflicts in ways that are non-threatening to them (like artistic production, music or dance), bring them out into the open, and confront them. In this respect creativity is strongly related to psychopathology (Diamond, 1996, p.257, p.269). According to the psychiatrist Paulos Vassiliadis (who has established art studios for psychiatric patients) another

important fact is that through artistic activity patients also acquire a sense of ‘identity’ (that of an ‘artist’) which they did not previously have (Vassiliadis lecture series, 2008). The use of artistic production as a creative activity will be closely looked at later on in this study, as it comprises an example of the use of art for therapeutic purposes, which is the basis of art therapy.

Finally, socio-cultural treatments focus on a whole community built around the psychotic individual and are coordinated around the individual’s needs, a therapeutic process known as “milieu-therapy” (Halgin & Whitbourne, 2003, p.325). The patient’s family for example may receive training so as to be better equipped to deal with the disorder (Comer, 2001, p.464). This form of therapy is usually placed within a care centre where patients receive a combination of anti-psychotic medication, social therapy and inpatient treatment (if that is required) (Comer, 2001, p.466). These centres are usually run by the people who live there and are based on cooperation and support within their members. Another form of centre is a workshop which offers employment to people who are not yet at the stage of working in a regular, competitive environment (Comer, 2001, p.468). Overall, it is widely accepted that the best treatment for psychosis is a combination of medication along with the therapies mentioned above, as this combination targets both the personal and interpersonal problems of sufferers (Halgin & Whitbourne, 2003, p.326).

1.2.7 Summary

This chapter has looked at mental illness generally, and psychosis more specifically, as a clinical and social condition. It has examined the categorisation of mental illness from an all-inclusive entity (labelled mostly as “madness”) to a number of separate disorders that exist today. It has also described the various explanations

given for the psychotic disorders throughout the ages which have in turn revealed the main conceptual models of each era. The second section of the chapter considered the social dimension of mental illness. We saw how the sufferers of madness have been handled throughout the various historical periods. Their care has come a long way. Imprisonment, expulsion or torture has evolved into acceptance and treatment, reflecting powerful changes in the social milieu. These changes culminate in contemporary social treatments of mental illness, targeted toward the individual and the community around them. The latter section has also introduced the first level of interaction between madness with art, its depiction in artworks. These depictions also indicate the changing notions toward madness, initially portrayed as something alien to human nature, as a condition beyond human control. The mad were for the most part represented as individuals who were in their own personal universe, unable or unwilling to communicate with others. Eventually, the depiction of the mad took on a more humane character, reflecting the overall changes in the attitudes toward the disorder.

There are five overlapping themes in this chapter, themes that will turn out to be crucial to the later discussion of my research project in Chapter 5. These are: firstly, the symptoms of psychosis, a clear understanding of which is essential to the exploration of my studio practice (and the personal interests that motivate these creative activities) I undertake later in the study; secondly, the difference in definition between ‘mental illness’ and ‘psychosis’ (and thus also the transition between ‘madness’ and ‘psychosis’), a definition that the reader should continually bear in mind because the focus of this study is most definitely the latter and not the (more general) former; thirdly, the biological and psychological malfunctions that lead to the group of disorders known as psychosis, conditions that often reveal the relationship

between psychotic behaviour and the prevalent medical, sociological and psychological ideas of the historical eras I survey; fourthly, the historical development of the concept of ‘institutionalisation’, a concept that defines the major contextual factor in the evolution of my studio practice during the research project; fifthly, and finally, the popularist notion of the “mad artist” which has existed throughout history and remained one of the most crucial connections between artistic creation and psychopathology.

As I have noted before, the eventual categorisation of mental illness into a number of separate psychiatric conditions (as well as the relative confusion caused by the plethora of different terms used up until the twentieth century [described in section 1.1.4]) may provide somewhat of a problem when analyzing the work of patient-artists or artist-patients who lived before the eighteenth century. Because they were labelled as simply ‘mad’ or ‘insane’ it is not possible to know whether they were indeed psychotic or were suffering from a different condition. Sometimes we can partly diagnose them retrospectively by looking at their symptoms (when those are described). The rest of the time we will assume that they had exhibited some psychotic characteristics and therefore labelled as ‘mad’ or ‘insane’. This is one assumption I will have to make in the thesis in order to be able to make reference to psychosis before the twentieth century.

The changing attitudes toward the mad however, have also deeply influenced the reception of Psychotic Art which, as we will see in the next chapter, went from complete rejection to celebration as an alternative form of creativity. Chapter 2 will explore the second level of interaction between psychosis and art which is the influence of art on psychosis. This influence is embodied in the creation of artworks by psychotic patient-artists, that is, patients in whom psychosis was present before the

initiation of artistic production. The chapter will investigate the birth and rise of the concept of Psychotic Art.



Figure. 1
The Miracle of St. Ignatius of Loyola



Figure. 2
Melancholy



Figure. 3
Raving Madness



Figure. 4
The Rake's Progress

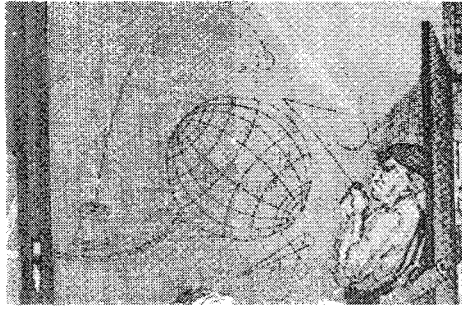


Figure. 5
Detail from the Rake's Progress



Figure. 7
The artist driven mad



Figure. 6
Male ward in Bedlam



Figure. 8
Lunatic's ball



Figure. 9
Pinel unchaining the insane at the hospital of Salpetriere



Figure. 10
The madhouse

Figure. 11
Monomania



Chapter 2: The Art of Psychotics

(the patient-artist)

This chapter will explore the second type of interaction between art and psychosis: the influence of art on psychotics. In this type of interaction it is essential for psychosis to have existed before the commencement of artistic activity. For this reason we will investigate art works of psychotic ‘patient-artists’ (a term I have invented to denote individuals who first became patients and then artists) most of who had no formal artistic training before the onset of their psychosis. We will examine some recurring characteristics of the artwork of psychotic patient-artists regarding formal attributes and subject matter. First of all however, we will begin by presenting the history of the term ‘Psychotic Art’, its evolution, along with the theorists and psychiatrists who have helped build this concept and bring it to the forefront of psychiatric research. We will then look at previous research conducted specifically with regards to Psychotic Art and the psychological processes of psychotic patient-artists along with the significance of art-making activity for them.

It is important to make a specification at this point concerning ‘psychosis’ as compared to ‘mental illness’. Much of the research in the nineteenth century and even the twentieth century concerns mentally ill patients who were not necessarily psychotic. During the nineteenth century (as seen in the previous chapter) there was a confusion regarding mental illness and psychosis, and in many cases the exact nature of the psychopathological condition was not specified. In these cases we will be referring to mental illness (or insanity) in general. Where the illness is specified as

psychosis (or we can deduce this from the nature of the patient's symptoms) we will be referring to psychosis.

2.1 General history of Psychotic Art

The art of psychotics is widely popular today, and many art critics, psychiatrists, and artists themselves have shown extensive interest in it. Both Freud and Ernst Kris (1900-1957) (who will be introduced in section 2.1.8 of this chapter) point out that this interest did not exist before the mid nineteenth century (MacGregor, 1989, p.26). As theorist Colin Rhodes (2000) indicates, actual interest in patient art for its artistic quality did not surface until the twentieth century (Rhodes, 2000, p.48). It is important to look at the reasons why the work of the mentally ill initially started to gain popularity in the nineteenth century, as it will give us an idea of the societal changes that occurred within the areas of art and mental illness. First of all, there was a growing curiosity about the interaction of genius with insanity, an idea that originated in Plato, was continued by Seneca (4BC-65AD), and finally gained popularity within the Romantic movement which (as seen in the previous chapter) supported the notion that genius and madness coexisted. The artworks of the insane were therefore examined in order to establish correspondence with the heightened activity of the artistic genius (MacGregor, 1989, p.91; Beveridge, 2001; Strobl, 2008). A second reason for the increasing interest in the artwork of the mentally ill was the increase of long-term institutionalised patients (seen in the previous chapter). This increase in patients led to an unavoidable increase in patient art and it was only a matter of time before this art was noticed by physicians and asylum personnel

(Beveridge, 2001). A third reason is pointed out by Safarova (2008) who claims that since Pinel unchained the mad patients in asylums at the end of the eighteenth century, their hands were literally 'freed' and this physically enabled them to create artworks (Safarova, 2008). One more possible reason added by Thomashoff (2008), is that the various anxieties experienced by twentieth century societies perhaps prepared them for the inception of art created by people who, due to their psychological state, often exhibit high levels of anxiety (Thomashoff, 2008).

As we will discover in the following sections, initially the art of mentally ill patients was scrutinised in search for signs of psychopathology, as it was believed that it could be used diagnostically. Later on, in the twentieth century, this art began to be explored more for its artistic merit, due partly to the changes to the concept of art in this century, while at the same time it was believed to be a pathway to the unconscious (Safarova, 2008; Thomashoff, 2008).

2.1.1 The first theories about the art of the mentally ill

Philippe Pinel, the pioneering doctor introduced in the previous chapter, expressed little interest in the artworks of patients unless they were practicing artists before the manifestation of the disorder. However, he did have a prescient sense of the role of art in the hospital environment and mentioned in his work two patients who engaged in drawing and painting at the beginning of the nineteenth century. In one of his textbooks he mentioned the possibility of patients, without previous artistic inclination, creating art as a result of the psychotic condition, believing that this development might have therapeutic potential (MacGregor, 1989, pp.26-29; Beveridge, 2001). Around the same time, the famous American physician and educator Benjamin Rush (1745-1813) expressed the opinion that madness could

stimulate concealed artistic creativity (observed in patients who had no artistic urge before their illness), an opinion that would later gain much advocacy and is still debated to this day. He published these views in *Medical Inquiries and Observations upon the Diseases of the Mind* (1812) (Beveridge, 2001; Art Brut Connaissance & Diffusion, 2008).

2.1.2 The first recorded psychotic works

One of the first examples of an illustration of the work of a psychotic patient was in a book by John Haslam (1764-1844) entitled *Illustrations of Madness* (1810), which he wrote about a patient called James Tilly Matthews (d.1815) who was at Bethlem at the beginning of the nineteenth century. The book was about the delusions and paranoid ideas of Matthews and included some sketches he made of a machine, supposedly used by his enemies to torture him. Similar subjects, such as fictional maps and blueprints of fantastic machines turn out, as we shall see below, to be a common theme in the artworks of psychotic patients (MacGregor, 1989, pp.32-34).

The isolated example of Matthews uncovers a new attitude toward the motives and interests of the insane. With the growth of the stable population of mentally ill in Bethlem in the mid-eighteenth century we also see a corresponding concern for the way that time was spent in the new departments for long-term patients, in which Matthews was incarcerated (MacGregor, 1989, p.46). Some speculated that the spontaneous production of art represented an outburst of aversive and vengeful feelings among patients. Others proposed that the occurrence of artistic activity was an indication of idleness generated by institutional life (MacGregor, 1989, p.92).

Another example of this growing interest toward the art of psychotics was the work of Andrew Kennedy (1825-1899), a nineteenth century Scottish psychiatric patient, whose work was only recently discovered among the belongings of the psychiatrist Thomas Clouston (mentioned in section 1.1.4). Kennedy was first institutionalised in the Glasgow Royal Asylum in 1877, then transferred to the Crichton Royal Asylum the following year, and finally transferred back to the former institution in 1896. Various staff notes at the time disclose that he was under the influence of a number of religious and sexual delusions. More importantly however, he was known to constantly draw and write letters, possibly in an attempt to come to terms with his 'personal world' through artistic means rather than spoken word. Many of his drawings (recently unearthed by the psychiatrist Allan Beveridge) are of people, some being of an obscene nature, and mostly accompanied by text (a technique often encountered in artworks by psychotics, as we will see later on in the chapter). Kennedy's artwork, although it does not seem to have held any artistic interest for psychiatrists at the time, was nevertheless saved and sent to Clouston who used them as pictorial examples of psychosis (Beveridge, 1998; Beveridge, 2001; Rhodes, 2000, p.48).

Around the same time, the director of the Crichton Royal Asylum, William Alexander Francis Browne (seen in the previous chapter) published *Art in Madness* (1857), an article about the art produced by mentally ill patients, noting that it was in fact no different than the art produced by non-mentally ill artists. Apparently he picked the more traditional among these patients' creations and focused on them instead of the relatively unconventional ones, probably in an attempt to support his initial hypothesis (Beveridge, 1998; Beveridge, 2001; Maizels, 1996, p.13). Additionally, in 1860, Joseph Octave Delapierre reserved a special section in the

asylum of Hanswell for the exhibition and sale of works by mad patients (Safarova, 2008). It is evident that by this point there was some interest in the artwork of mentally ill patients, with Browne presumably contradicting the opinion of Rush regarding the artistic potential of mental illness. Thus, whether this interest was positive or negative, the artwork itself was instigating thought, debate, and even revenue.

2.1.3 The Contribution of Cesare Lombroso (1835-1909)

As mentioned above, in the nineteenth century there was a debate concerning the interaction between genius and madness. One of the main figures implicated in this ongoing debate, was Cesare Lombroso, a criminologist and psychiatrist with a large collection of patient art accumulated during his career working in institutions in various parts of Europe. Initially Lombroso found that artists were ten times more likely to develop psychiatric conditions than non-artists, further associating artistic activity with psychopathology. He, similar to Rush, believed that madness could emancipate hidden artistic creativity in people who had no prior artistic tendencies, but that it represented (similar to ‘primitives’ or ‘savages’) a turn toward an earlier (and less sophisticated) stage of development. He also believed that madness and genius were closely related, albeit, degenerate conditions. Even though Lombroso was not an admirer of patient art he studied it extensively, coming up with a list of characteristics which he saw as common among a large number of artworks he collected from over a hundred patients (MacGregor, 1989, pp.91-93; Beveridge, 2001; Cardinal, 1972, p.16; Rhodes, 2000, p.86; Maizels, 1996, p.13). These can be paraphrased as follows:

- **originality**- the tendency to use unconventional materials.

- **uselessness**- the desire to produce unneeded artworks.
- **uniformity**- a disposition to repeat images.
- **imitation**- the ability to copy images but not produce originals.
- **minuteness of detail**- a proneness to obsess over insignificant details.
- **absurdity**- a leaning towards representational incoherence (in colours, proportions, etc.).
- **arabesques**- a propensity to over-embellish.
- **atavism**- the tendency to borrow formal details from art historical works.
- **eccentricity**- an inclination to move beyond originality toward peculiarity.
- **insanity as a subject**- the need to reference one's own mental condition.
- **obscenity**- a desire to depict overtly sexual subject matter.
- **symbolism**- a readiness to consciously construct personal symbols

(MacGregor, 1989, pp.95-99). Lombroso's characteristics seem over-obvious and rather simplistic but at the same time they provided the first framework for distinguishing Psychotic Art as a mode of creative production with its own rules and contextual purpose. Before looking at the history of patient art in the rest of the nineteenth century we must consider some of the features identified by Lombroso, which remain useful throughout this chapter as we discuss the development of the concept of Psychotic Art which I am capitalizing to emphasise the growing socio-cultural status of the term (in contrast to the transitional fact that those suffering psychotic conditions tend to make art).

Firstly, 'originality', 'uselessness', 'absurdity', 'eccentricity' and over-reliance on 'imitation' are ways of describing the individual willfulness that was increasingly associated with the concept of creativity in Europe as it rapidly evolved in the Enlightenment period. Secondly, 'minuteness of detail' and 'arabesques' foreshadow

the general feature of decorativeness that would permeate the artwork of psychotics and other ‘marginal’ (this term will be analysed later) artists.

Lastly, ‘symbolism’ refers to the important notion of private codes and undisclosed meanings that inspired progressive thinkers during the development of Modernism. Later in this chapter, and in subsequent parts of this thesis, we will revisit Lombroso’s ideas in relation to both the concept of psychotic creativity and the art historical use of Psychotic Art.

2.1.4 The growing interest in patient art in the nineteenth century

During the next hundred years the notion that the insane produced art worthy of attention (positive or negative) continued to expand and mature. One example was the celebrated French psychiatrist, Auguste Ambroise Tardieu (1818-1879), who acquired a huge body of knowledge about mental illness while studying the medico-legal and clinical aspects of imprisonment and insanity. Indeed, his expertise often took him to the French legal courts where he sometimes used the art produced by the criminally insane for diagnostic purposes. This coloured his approach to the creative activities of the patients he treated. Throughout his career he remained entirely unsympathetic toward the art produced by the subjects he studied, which was partly due to his dislike for distortion (MacGregor, 1989, pp.103-104).

A different approach to that of Tardieu towards the works of the insane at this time, was that of Dr. Paul Max Simon who was both a physician and an artist. He kept an open mind on the creative output of his patients and was one of the first doctors to look at this work in terms of its subject matter. He was interested in the nature of expression not so much for its artistic value but for the way it related to the inner workings of the psychotic mind. In this he was a pioneer (MacGregor, 1989,

pp.106-110). Even more radical was the view of one of his contemporaries, William Noyes (1857-1941), who was inclined to believe that the creativity of mentally ill patients was a product of the healthy remnant of their minds. He therefore directed his investigations toward discovering how much of the creative processes found in patients could be detached from the impact of mental disorder (MacGregor, 1989, p.144).

As we move toward the end of the nineteenth century it becomes apparent that psychiatrists were debating a number of contrasting or overlapping views. This situation continued until an international focal point was created at a conference held in Chicago in 1892 headed by Dr. James G. Kiernan, the first of its kind in the United States of America (MacGregor, 1989, p.151). The important achievement of this meeting was the recognition of mentally ill creative activity in relation to both its artistic and diagnostic potentials. This was a firm step toward releasing the art of mentally ill patients from the taboos and prejudices that had influenced lay and informed opinions since the middle of the eighteenth century. The conference delegates agreed to divide the works of patients into five categories that best described the concept of Psychotic Art. These categories can be paraphrased as follows: 1) art that represented the consummation of artistic training and showed no sign of mental disorder; 2) art that lacked artistic skill and showed no signs of mental disorder; 3) art that involved varying degrees of artistic ability (particularly in relation to symbolic representation) while showing signs of mental instability; 4) art that was high in aspiration but poorly executed and reflected mental disorder; 5) art that imitated other artists while exhibiting signs of mental illness (MacGregor, 1989, pp.151-153).

It is possible to cross-reference these categories to the emphasis on individuality, unconventionality, and private symbolism noted by Cesare Lombroso one hundred and fifty years before, revealing persisting trends in the study of the art of the insane.

2.1.5 Interest in the twentieth century

Despite the notable achievements of the Chicago conference, the developments of the twentieth century far outweighed the changes in attitude accomplished during the nineteenth century. One important reason for this was the rise of psychoanalysis during the early decades of the twentieth century. As we will see later on (in section 2.2), the art of mentally ill (and especially psychotic) patients is strongly linked to psychological processes of the unconscious. Therefore, the rise of psychoanalysis, a discipline that promised an in depth exploration of unconscious processes, inextricably led to the rise of Psychotic Art (Safarova, 2008; McNally, 2005). Another reason pointed out by Rhodes (2000), was the influence of Expressionist ideals on psychiatrists' theories during that time, aiding in the artistic and aesthetic consideration of the work of the mentally ill (Rhodes, 2000, p.8; Maizels, 1996, p.14).

It has been mostly the last hundred years that saw the establishment of non-specialist acclaim and widespread popularity for the distinct nature of Psychotic Art. Although the activities of patients were framed with negative connotations, for the first time books were published which promoted a general cultural and social concern for mental health beyond specialised psychiatric or medical interests. These activities were looked upon as art perhaps for the first time (McGregor, 1989, p.161; Safarova, 2008), resulting in art critics and artists being drawn into the discourse on psychosis

and similarities being pointed out between the creativity of patients and the art of the day. This shift in attention had its origins in a book written by Theophilus Hyslop (1863-1933), who was a superintendent at Bethlem at the beginning of the twentieth century. In the book, which approached patient art with a relatively negative attitude, Hyslop presented various works from asylums leaving it up to the readers to form an expectedly negative opinion of it. Hyslop also seemed concerned about its effect on society but despite that, he organised the first exhibition of patient art in Bethlem in 1900 (MacGregor, 1989, pp.161-162; Rhodes, 2000, p.53, p.86).

Another early twentieth-century psychiatrist who increased public and medical interest in the artistic activity of the insane was Dr. Auguste Marie (1865-1934), who was, like Freud, a student of the famous psychiatrist Jean-Martin Charcot. He was a senior physician at the Villejuif asylum in the southern suburbs of Paris, where he created a public museum ("Le Musee de la Folie" ["the museum of madness"]) in 1905, housing many works in a variety of media including painting and sculpture. Marie was responsible for a sequence of exhibitions in different parts of Europe: in 1913 in Berlin and London, and in 1914 in Moscow (MacGregor, 1989, p.170; Tsalikoglou, 2004, p.19; Safarova, 2008, Rhodes, 2000, p.53).

An example of this new approach is also the writings of Marcel Reja, the pseudonym of the French psychiatrist Paul Meunier (1873-1957). He was a medical practitioner publishing commentaries on patient art using the identity of an art critic. This indicates that by this point the art world had a theoretical investment in the art of the mentally ill. It was the first time that the aesthetic approach overshadowed the clinical approach. His most famous book, *Art by the Mad* (1907) investigated the spontaneous art activities of psychotics as if they were examples (albeit extreme ones) of the drawings, paintings, sculptures, dance and poetry found throughout the artistic

world. Indeed, Reja adopted a radical position holding that patient art could be used to understand art-making as a general cultural phenomenon partly by comparing it stylistically to the art of children and primitive peoples, while at the same time believing that it had a distinctive quality about it. With regards however to the genius-insanity debate, in contrast to Lombroso before him, he did not believe that the two coincided (MacGregor, 1989, pp.172-176; Beveridge, 2001; Cardinal, 1972, p.16; Rhodes, 2000, p.53; Maizels, 1996, p.13).

In order to study the creative process Reja felt the need to distinguish between the creative works of patients who had a history of artistic activity and those who did not. He developed three categories that differentiated works that exhibited a declining state of mental capacity (demonstrated, for example, by scribbles and doodles), from works that accentuated adornment and ornamentation (in preference, for instance, to subject matter), and works which had a conceptual basis and attempted to communicate content (i.e. expression of emotions) (MacGregor, 1989, pp.177-178). Even though we are, perhaps for the first time, addressing the aesthetic impact of patient art in its own right, it is worth noting that Reja was continuing the taxonomic approach of nineteenth century clinicians who sought only pathological symptoms in patient art.

Two other figures who were involved with the art of the mentally ill during the 1920s were Jean Vinchon (b.1884) (who will be discussed later on) and Charles Ladame (1871-1949). The former produced a study called *The Art of the Mad* (1924) and wrote about characteristic traits of artistic production by patients with a variety of psychiatric or pathological conditions (Vassiliadis, 2008; Sarafova, 2008; Art Brut Connaissance & Diffusion, 2008). Ladame was the director of the psychiatric hospital of Bel-Air in Geneva who collected a number of his patients' creations,

considering them actual artworks (Safarova, 2008; Art Brut Connaissance & Diffusion, 2008; Maizels, 1996, p.13).

2.1.6 Interest about Psychotic Art in Germany

A different kind of interest in the art of the insane was developing in Germany during the first decades of the twentieth century. The main figure was once again a psychiatrist, Dr. Fritz Mohr (1874-1966), whose special concern lay in the perceptual and motor skills involved in creating art. He was less interested in artworks in their own right. As a result, his investigations were focused on the form rather than the content of patient art. His research explored in great depth the types of creative activity found in hospitals, in which patients either copied existing artworks (usually following the instructions of a psychiatrist) or produced original works as a response (either pictorial or verbal) to external stimuli such as completing pre-existing drawings (which were unfinished), narrative illustrations (which they were asked to explain), or pictures with strong emotional content (i.e. the devil, ghosts or God) (MacGregor, 1989, pp.189-190).

The latter type of patient creativity was successfully analysed by Mohr who used it to clarify and explicate the inner workings of the mentally ill mind. He realised that the ideas embedded have eluded the defense mechanisms that repress thoughts and beliefs in other kinds of clinical encounters. As a result, patient art acquired a privileged status through its scope to reveal hidden psychic procedures. Mohr's research led to a major division in the investigation of the artworks of the mentally ill with one branch going on to study experimental 'test-drawings' made under controlled conditions. Examples of these 'test drawings' are the "Drawing Completion Test" where the subject must complete an incomplete drawing, and the

“Thematic Apperception Test” where the subject must explain the meaning of a specific picture, both of which are used in psychology to analyse the deeper levels of the psyche. The other branch concentrated on artworks created freely by patients as a spontaneous expression of their illness and institutionalised situation (MacGregor, 1989, pp.191-193).

The other main figure in Germany was a psychiatrist working at a clinic in Heidelberg called Hans Prinzhorn (1886-1933), who was trained as an aesthetician and art historian as well as a psychiatrist and physician. This ability to approach the topic of Psychotic Art from both cultural and medical perspectives provided the decisive theoretical basis for the changing attitudes of the twentieth century. A colleague of his at the clinic, the psychiatrist Dr. Karl Wilmanns (1873-1945), had started to collect artworks by patients. He supported Prinzhorn’s interest in the collection finding funds for him to expand the archive to five thousand works executed by five hundred different patients, gathered from asylums in Switzerland, Germany, Austria, Italy and the Netherlands, as well as in the United States and Japan. This period of the early twentieth century saw Prinzhorn’s efforts lay the foundations for the concept of Psychotic Art as we understand it today. His dedication and motivation reinforced the field of scientific study that had developed in the nineteenth century whilst broadening the cultural significance of patient art by opening the door for non-psychotic artists to mount new challenges to the art establishment of the time (MacGregor, 1989, pp.194-198; Maizels, 1996, p.14-15).

Despite this immense contribution there are a number of criticisms of Prinzhorn’s work. The first one of these is that while he names the ten artists he describes in his book “schizophrenic masters”, they were not all schizophrenic. Apart from that, Prinzhorn tended to overlook the previous cultural and artistic experiences

of these ten patients as well as the general effect and influence of the process of institutionalisation on patient work. This influence is present in both the subject matter of this work and the attitudes of patients toward artistic creation, as some of them are aware of the fact that they are treated as artists, and even sell their work (Beveridge, 2001). On top of this, Prinzhorn sought works which were remarkable in some way (thus excluding works that were not ‘radical’ enough) and ones that clearly displayed mental illness (Rhodes, 2000, p.60, Hennig, 2006, p.22).

Before moving on to consider the role of official medical bodies and organisations in the changing attitudes of the twentieth century, we should include the work of the German-speaking Swiss psychiatrist Dr. Walter Morgenthaler (1882-1965) alongside that of Prinzhorn. Morgenthaler was conducting similar research in the Waldau Asylum in Bern, where he came into contact with a psychotic patient named Adolf Wolfli (1864-1930). Over several years Morgenthaler supplied materials to Wolfli and spent a great deal of time with him as he produced artworks. The resulting publication, *A Mental Patient as Artist* (1921), provided the first seriously in-depth study of a psychotic artist at work. Morgenthaler treated Wolfli’s creativity as a radically exposed form of the kinds of disposition found amongst sane artists (MacGregor, 1989, p.208; Beveridge, 2001; Maizels, 1996, p.14). Wolfli is considered probably the most important psychotic patient-artist due to the sheer quantity of work he left behind when he died, consisting of forty-five books containing about twenty-five thousand pages, one-thousand five-hundred collages, an equal number of illustrations, and about nine-hundred one page drawings (Gomez, 1997, p.30; Maizels, 1996). Morgenthaler opted to portray Wolfli’s creativity as an example of the achievement of psychic stability as well as self-therapy through artistic

practice, notions that prepare us for concepts such as “art therapy” as well as “creative psychosis” (Cardinal, 1972, p.17).

2.1.7 Organisations in the twentieth century

In recognising the contribution made in the German-speaking world to the artistic status of Psychotic Art it is important to note the influence these researchers had on those medical practitioners who sought therapeutic, diagnostic and cathartic methods. For example, whilst Prinzhorn’s exemplary research placed general cultural value on the exhibition of Psychotic Art it also suggested that, in controlled situations, the process of exhibiting can have a positive effect on patients that matches the more obvious therapeutic value of creative production (Alter-Muri, 1994, p.221).

Prinzhorn’s ideas had a direct impact on a variety of events later on in the twentieth century. One such significant event was the first World Congress of Psychiatry in 1950, chaired by psychiatrist Jean Delay (1907-1987). This congress was accompanied by an international exhibition of ‘psychopathological’ art at the St. Anne Hospital in Paris, where around two-thousand works were displayed (Art Brut Connaissance & Diffusion, 2008; Andreoli, 2008). Responsible for the organisation of the exhibition was fellow psychiatrist Robert Volmat, who in 1956, wrote a book entitled *L’art psychopathologique*. Then in 1959 in Italy, Volmat, along with a group of psychiatrists, founded the International Society of Psychopathology of Expression (ISPE) (also known as Association of Psychopathology of Expression) of which he became the first president. After 1998, this organisation became the International Society of Psychopathology of Expression and Art Therapy (Rubin, 1986, p.32; Tyszkiewicz & Zuchowics, 1999, p.47; Art Brut Connaissance & Diffusion, 2008;

Andreoli, 2008). This began a chain reaction that generated a network of research bodies and professional associations.

For example, a member of ISPE, Dr. Irene Jakab, founded the American Society of Psychopathology of Expression (ASPE) in 1966 in order to further the prominence and authority of Prinzhorn in the second half of the twentieth century (Tyszkiewicz & Zuchowics, 1999, p.47). Later on Linda Gantt and Paula Howie, developed a chart which was published in the *Diagnostic and Statistical Manual of Mental Disorders* (1980) that correlated the content with formal elements of artworks and linked both with diagnostic criteria. By matching existing diagnoses of mentally ill patients with visual properties perceived in their artistic activities a framework of analysis was established that met the demands of the medical establishment. This is the other side of the legacy of pioneers such as Prinzhorn. In giving greater artistic credibility to patient art they also fostered an assumption that there could be a correlation between the formal ‘language’ found in artistic expression and the structure of the psychopathological condition within a specific individual (Cohen, Hammer & Singer, 1988, p.12; Andreoli, 2008).

Another strand of research within this field focused on the use of graphic activity as a form of therapy, as it was discovered that this form of expression could aid in the elaboration of conflicts, attaining awareness, and even, in some cases, in the reduction of violent behaviour. All these strategies could accelerate the healing process. This strand gave birth to the concept of art therapy (about which we will discuss in section 2.2.6). Finally, a third area of this field of interest concentrated on the connections between graphic activity and the psychological processes taking place within a person, especially regarding the unconscious (discussed more in sections 2.2.2 and 2.2.3 as well as throughout the thesis). This research examined graphic

activity of mentally ill people as a language containing certain characteristics that differentiate it from art (Andreoli, 2008).

2.1.8 The research of Ernst Kris

From the turn of the nineteenth century, the developing concept of Psychotic Art involved an increasing interaction between aesthetics and psychology. In some ways this meant that the methods of art criticism were often in tension, even in conflict, with the practice of psychiatry (Kris, 1952, pp.151-152). The work of the Austro-American art historian and psychiatrist Ernst Kris is an opportunity to describe this dynamic interaction.

According to Kris there are inmates in institutions around the world who engage in creative activities in a very broad sense. They make opportunist use of all available means and media. Some write on scraps of paper, others scratch drawings on walls. Their instruments vary from pens or pencils to broken bedsprings or pieces of glass. Kris extended the technical and formal repertoire of the art-making activity of patients with a range of processes that remind the contemporary practitioner of the non-media-specific approaches of site specific and installation art. In describing sculptural works that were modeled out of bread, Kris could be talking about an experimental activity in a present-day art school. Indeed, the materials listed by Kris mirror the history of both Modernist and Postmodernist art. We are informed of patients making art with wrapping or packing paper, newspaper, tissues or toilet paper, paper bags, food cartons, envelopes, pages from books and pieces of cloth (Brand-Claussen, 1996, p.12; Chaplin & Richards, 1997, p.276). Kris's acceptance of alternative materials and processes is an intriguing echo of art history in the twentieth

century. We are, in effect, invited to embrace the art produced by psychiatric patients as though it were a variety of cubist collage or arte povera.

There is a gender-related dimension to this research, as Hennig (2006) indicates that during the early twentieth century in Germany there were more women institutionalised than men, mostly due to the fact that there were other social reasons that led females to institutions, such as prostitution, illegitimate births (or childless marriages), failed love affairs and even physical illnesses. Once there, women were degraded and abused both physically and psychologically, often deprived of all their belongings. The only thing they had in order to maintain their identity was their artwork which was frequently presented in the form of drawings or embroideries (as women mostly had access to sewing rooms) (Hennig, 2006).

In addition there is, of course, a sociological and economic dimension to this aspect of Kris' research. Wealthy patients were able to buy sketchbooks and canvases along with pencils, pastels, and expensive watercolours. But the rich variety of creative action brought to our attention does indicate the extraordinary resourcefulness of some inmates who continued to produce artworks for decades, even without the availability of conventional methods. This shows the psychological importance of art for a range of patients from a broad spectrum of social backgrounds (Brand-Claussen, 1996, p.12).

2.1.9 Leo Navratil (1921-2006) and the Gugging Institute

The relationship between psychosis and creativity also sparked an interest in another psychiatrist, Leo Navratil who was one of the leading figures in the field of psychotic art in the second half of the twentieth century. He was initially influenced by an article by Karen Machover (1903-1996) which proposed that figure drawings

portray the psychological state of their creator. At the time Navratil was doing practical training at the Austrian psychiatric institution called Gugging and soon began to support his diagnoses of patients, who resided there, based on their artwork. He also (like Lombroso) listed formal characteristics of the art of psychotics and viewed them diagnostically (although Cardinal believes that his use was purely descriptive) (Vassiliadis, 2002, p.63; Cardinal, 1972, p.21; Maizels, 1996, p.85). Navratil believed that drawing may contribute to emotional discharge and viewed artistic activity as a symptom of psychosis and also as a therapeutic medium, an attempt to repair or rebuild the disintegrated self (Vassiliadis, 2002, p.63; Beveridge, 2001; Rhodes, 2000, p.100; Maizels, 1996, p.85).

In order to make conditions beneficial to creativity Navratil shaped an atmosphere of support toward artistic activity at Gugging, most often working together with the patients himself, without the help of art therapists. He personally encouraged patients to draw for him as a means of self-verification and also communication (MacGregor, 1989, p.313). In 1981 Navratil founded the “Centre for Art and Psychotherapy”, a separate space at the Maria Gugging Psychiatric Clinic that still exists today as a center of artistic activity for severely mentally ill individuals. At the “Artist’s House” (as the space is called) there are no specific studios or structured art activities and patients are free to create whenever they wish. This freedom has led many of them to alter the environment by painting on the walls of the house or on the surrounding trees and bushes. Navratil also published a number of books with art of psychotic patient-artists and organised exhibitions of their work (Vassiliadis, 2002, pp.63-64; Hellenic Culture Organisation, 2004, p.306; Rhodes, 2000, p.92, p.96; Maizels, 1996, p.86, pp.90-91). Thus Gugging was one of the first places where patients were accepted as ‘true’ artists and many of them eventually developed artistic

careers (Thomashoff, 2008; Maizels, 1996, p.94). Navratil appears to have been one of the only psychiatrists to have had direct contact with patients and their creative process, and to have created a specific artistic centre for them. His contribution to the field of Psychotic Art is thus extremely significant.

A related name to Navratil is the Austrian artist Arnulf Rainer (b.1929) who began his artistic career as a follower of Surrealism. Rainer started to collect patient art in 1963 and today owns more than two thousand pieces. Apart from artwork he also collected photographs and files of patients, as well as texts and other literary works. He has artistically interfered with works of patients from Gugging and others (such as the patient Friedrich Schroeder-Sonnenstern (1892-1982) and the sculptor Franz Xavier Messerschmidt [1736-1784] [who we will look at in Chapter 3]) (Safarova, 2008; Rhodes, 2000, pp.100-101; Maizels, 1996, p.86). In much of his early work he was influenced by the power of dreams, madness (he sometimes imitated the facial distortions of catatonic people), the subconscious, hallucinatory drugs and alcohol, as well as his own distrust of 'rationality' (Severin, 2007; Rhodes, 2000, p.101). Rainer believes in the immense creative potential of psychosis as he has observed its influence on some of the most innovative art of the twentieth century. In fact, he sees psychosis as much more than an illness or a creative state, rather as a cultural phenomenon in its own right, and himself as a proponent for the emancipation of this phenomenon (Cardinal, 1972, p.22).

2.1.10 Interest in South America

The interest of various South American countries in the art of the mentally ill dates back to 1925, when the Brazilian physician Osorio Cesar (1895-1980) wrote about the aesthetic qualities of art by the mentally ill and collected works by such

patients. He eventually collaborated with artists who ran workshops that were organised for patients. In Peru, Honorio Delgado (1892-1969) collected artworks that were housed in a psychiatric hospital in Lima where he was the chief physician. Finally, in the 1950s, the psychiatrist Nise da Silveira (1905-1999) founded an institution for the artistic creation of mentally ill patients and also the museum of the “Images of the Unconscious” (which will be looked at later on) in Brazil. Her interest lay mainly in the images and symbols used by patients in their artwork through which, she studied their psychopathologies (Safarova, 2008). The next section will take us up to the present by exploring the research conducted on various areas of Psychotic Art after the 1950s.

2.2 Contemporary approaches to Psychotic Art

This section of the chapter will take a closer look at the research conducted within the field of art and psychosis in the second half of the twentieth century. One prominent researcher in this field is Francis Reitman, who mentions three separate approaches to the art of psychotics. The first one was labelled by Mclay and Guttman as ‘clinical’, since it deals with the degree of correlation between the actual artwork and the disorder. The next approach was labelled ‘psychological’ and generally theorises about the origins of graphic art. The third approach is the ‘aesthetic’ one and includes the research which attempts to compare the work of psychotic artists with those of non-psychotic modern artists (Reitman, 1950, pp.15-17). The topic of this section is an understanding of the previous (but relatively recent) research as it occurred within these three approaches.

2.2.1 Previous research on the art of psychotics

The first approach which determined the degree of correlation between artwork and disorder has been investigated in a number of studies. One group of those examined the effects of the progress or regression of the disorder on the production of artworks. These studies have shown that the more disintegrated the level of the patient the more chaotic and ambiguous are the compositions, while at even higher levels of schizophrenic breakdown (as in, for example, catatonic schizophrenics) all creative movement is diminished and the compositions are minimal and poor in execution and subject matter (Billig, 1973, pp.8-10). An improvement of the schizophrenic condition may lead to the increasing size of the artworks (clay sculptures in Brown's study) (Brown, 1975, pp.4-10) or to an increasing clarity of subject matter (from smears to abstract forms to landscapes) (Celentano, 1977, pp.68-72), while exposure to "simultaneous sensory stimulation" (auditory, visual, olfactory, gustatory and somesthetic) led to more organised, coherent, unified and harmonious artworks with a notable improvement in colours and forms (Taylor & Knapp, 1971, p.411). At the same time regression was more conspicuous in content than in form or style and was accompanied by repeated patterns of pictures (Reiner, O'Reilly & Tellin, 1975, pp.169-170), while feelings of loss resulted in regression of the human form (Robbins, 1984, pp.9-12) as well as the use of bewildering messages (in text) and big blocks of colour (Carney, 1986, pp.36-41).

Another group of studies focused on the differences between groups of schizophrenic subjects and 'normal' subjects. These studies have shown that schizophrenics display less variety in their forms, less detail, less technical skill (Langevin, Raine, Day & Waxer, 1975, pp.149-156) less colour variety and less

balance than normal subjects (Russell-Lacy, Robinson, Benson & Cranage, 1979, p.198). They also showed less order and organisation (Bergland & Moore-Gonzalez, 1993, p.83, p.89), while their works were less figurative and overall of lower aesthetic standards than 'normal' subjects (Hacking & Foreman, 2001). Also schizophrenics tended to depict more fantasy creatures (such as monsters or vampires) and worked more loosely with paint, creating smears (Rubin, Ragins, Schachter & Wimberly, 1979, pp.169-172).

Studies which compared schizophrenic subjects to groups with other disorders found that schizophrenics exhibited more overly elaborate and more abstract forms than other patients (Russell-Lacy, Robinson, Benson & Cranage, 1979, p.198) and that their compositions were close to those of manic-depressive subjects, as they used more colours and forms, and different to depressive subjects (Wadeson & Carpenter, 1976, p.338). In contrast however, other studies showed that schizophrenic compositions were close to depressive subjects due to minimal subject matter (Wittels, 1982, p.179) and that they used less colour than subjects with other disorders (Hacking & Foreman, 2000, pp.525-529).

A fourth group of studies examined the ability to distinguish between the artwork of schizophrenic subjects and those of 'normal' subjects. These studies found that the various groups of judges (which included mental health workers, clinical experts, people in the arts and individuals without clinical or art experience) did not significantly differ in their ability to differentiate between art of schizophrenic and that of 'normal' subjects (Ulman & Levy, 2001, pp.85-88; Levy & Ulman, 1967, p.186; Rubin & Schachter, 1972, pp.245-246). They also noted that the differences between groups of subjects with various mental illnesses can be distinguished more easily through the use of elements (such as line and colour), than ones focusing on

content (such as imagery) or principles of design (such as ‘perseveration’ [page 25] and use of details) (Hacking, Foreman & Belcher, 1996, pp.425-429).

Overall, we can say that previous research has shown that the progress or regression of schizophrenia is evident in artworks, that the art of schizophrenics is of a lower artistic quality than that of non-psychotic subjects and is close to that of clinically depressed subjects. The first of these observations is important for the practice of art therapy because it means that therapists can observe progress or regression in the levels of psychosis of patients through their artwork, while the second observation implies that psychosis does affect artistic production. Also individuals with training in art or psychology were not more capable of distinguishing between art of psychotics and non-psychotics, which reveals that previous experience is not particularly helpful in distinguishing between these two kinds of art, and therefore that one cannot really train in this specific discipline. The next sections will explore the second approach towards the art of schizophrenics dealing with its origins.

2.2.2 Psychological processes of the psychotic condition

These sections are focused on the second approach as mentioned by Reitman, concerning the origins of the art of psychotics and will explore the psychological procedures behind it. According to psychiatrist Marianne Eckardt it is thought that there are two ways people conceive new things, one being the discursive mode which involves verbal processes, and the other being the non-discursive mode which involves representational images. The latter is encountered in most forms of artistic expression including literature and dreams (Eckardt, 1991, p.620). The pioneering art therapist and educator Margaret Naumburg (1890-1983) believed that pictures are used more often than words to express ones essential ideas and feelings (Cohen, 1981,

p.16; Benedetti, 2008). Furthermore, according to Sinrod, visual intercourse often precedes verbal intercourse and elements from the unconscious (the concealed part of the personality people do not have access to) (Pervin, 1993, p.72) often appear more readily, and at an earlier stage, in visual interaction than in verbal discourse. Ulman also believes that visual unconscious material can bypass censorship more easily than can verbal unconscious material (Levinson, 1986, p.101). For these reasons it is believed that visual material is more closely associated with the unconscious than verbal material. This has been supported by Richard Saholt, a schizophrenic patient-artist, who has stated in an interview that he is more able to express himself through his art than through words (Aronson, 1994, p.42). It may perhaps also explain why mentally handicapped people can also create art and express themselves, despite the loss of the ability to reason and utilise intellectual control (Gercken, 2008).

One process that occurs in the psychotic state is a transfer of energy from the ego (the part of the personality responsible for emotions) to the id (the part responsible for pleasure) which belongs to the domain of primary processes, [a primal mode of functioning supported by the drives, which help the free flow of psychic energy, also the language of the unconscious in which reality and fantasy are the same] (Nosubject, 2006; Pervin, 1993, p.94). Primary processes are evident in many pathological conditions, and in dreams (Perry, 1973, p.64; Turco, 2001, p.543). It is also likely that they are present in psychedelic experiences where, like the psychotic experience, individuals find themselves in an encounter with a consciousness that is no longer based on reason (Perry, 1973, p.64). This has been supported in a study by Marinow (1972) who found similarities between the artwork of a young schizophrenic woman and ones created by subjects under the influence of LSD and Psilocybine (a psychedelic substance derived from mushrooms) (Marinow, 1972, pp.25-26). Having

looked at the psychological processes of psychotic patients, we will now explore their effects on the creative process.

2.2.3 The creative process in psychotics

The creative process generally relies heavily on the psychic structure of the artist which is influenced by external stimuli and previous perceptions of the external world, gained by experience (Thomashoff, 2008). Prinzhorn noted that psychotics express themselves powerfully because their work is based on experience and eidetic images (very clear mental images, almost actually visible) (Allwords, 2006). This process usually works by first identifying an object and creating a collection of data which enter into the mental image, and then sorting it out visually. Many of their eidetic images however are created from forms which derive from perception along with other irrelevant information and mixed with abstract elements (Prinzhorn, 1922, pp.31-32). These images are often disorganised because the thought process is usually disrupted (Thomashoff, 2008).

According to Freud, creation stems from subconscious discord and it involves two levels during the first of which the conventional sequence is disrupted, the relationships between the various components of a work become confused and chaotic, and the images become disjointed, loose and broken. During the second stage, the distressed ego attempts to reorganise the various scattered components into a new sequence, in order to alleviate the resulting tension, by searching in the unconscious for bonds between these disparate parts. This is where the creative process of psychotics malfunctions as they do not have the capacity to reconstruct the whole, and instead use weak and temporary connections that allow disconnected images to arise to consciousness (Billig, 1971, p.149; Billig, 1972, pp.49-51; Alanko,

1973, p.153). Their art therefore is characterised by a lack of organisation and structure because they are missing the second part of the process, one of reorganisation of concepts (Reitman, 1954, pp.14-15).

Because the first level of creation involves dissociation from everyday experience both for psychotics and non-psychotics, many theorists (such as Prinzhorn and Navratil) have supported that there is a common creative urge, and process, in all people. These theorists see this assumption as a valid reason for perhaps not distinguishing between ‘sick’ and ‘healthy’ art or ‘sick’ and ‘healthy’ creators of art. Roger Cardinal (1972) goes even further in saying that perhaps all art should be considered “psychopathological” due to the ‘abnormal’ psychological processes occurring during the first level of creation (Cardinal, 1972, p.23). What follows is a discussion of the twentieth century idea that gives unprecedented attention to the link between psychosis and creativity.

The ability and desire of humans to express their thoughts and emotions using visual art should probably be seen as independent of psychotic mental functioning (Eckardt, 1991, p.627). However, as pointed out by Kris, in patients who had no previous artistic experience the disorder may enhance the occurrence of creative action by releasing the artistic potential latent within them (Vassiliadis, 2002, p.83). An example of this is the schizophrenic patient Adolf Wolfli (mentioned in section 2.1.6) who made deliberate decisions with regards to the organisation and style of his drawings and the positioning of text and illustrations in his books (Morgenthaler, 1921, p.99; Gomez, 1997, p.31). In the case of Wolfli, John Maizels (supporting Kris’s opinion) adds that the psychosis did not instigate any new creative capabilities, but released the ones which were already there (Maizels, 1996, p.21). As a result we can consider the creative process in psychosis as having a particular shape

or dynamic, perhaps influenced by the arousal of unusually strong emotions. For example, Emil Kraepelin believed that psychosis frees the imagination by dispelling the various inhibitions that arise under normal psychological conditions (Schmidt, Steck & Bader, 1961, p.16; Douglas, 1996, p.42). In the beginning of a psychosis, patients experience distress as they realise they are losing contact with everything that seemed to be stable in their life. The feeling of alienation that arises drives them to search for new ways of understanding the external world, leading them to invent new forms and mediums. This process expands their perceptive abilities and leads to unbridled inspiration free from the constraints of consciousness, and the urge to create, which results in a barrage of dreamlike images and the appearance of new forms (Syristova, 1989, pp.52-54).

The notion that the onset of psychosis often creates a strong desire in the individual to create images is an important factor in the thinking of theorists such as Georg Schmidt, Hans Steck, Alfred Bader and Antti Alanko. The desire to make art may have remained hidden for years without the possibility of externalisation until hospitalisation initiated the therapeutic process that revealed (or promoted) the ability. However, on this account alone it would be wrong to assume that the illness has played a direct role in the development of artistic talent. This is not to say, of course, that in eliminating social and psychological restraint, the onset of psychosis has not mirrored the psychological processes that stimulate the development of artistic identities in a general sense (Schmidt, Steck & Bader, 1961, p.36; Alanko, 1973, p.153; Kepinsky, 1994, p.39).

The process of artistic activity in psychosis, similar to the course of the illness itself, is not always fixed. In fact it can follow contradictory paths. Usually, the urge to create does not appear during the most severe phase of the disorder but often it is

interrupted during these phases, while, in contrast, other times it has been observed that after a diminution of the disorder this activity also diminishes or is stopped altogether (Billig, 1971, p.151). Navratil believed that if the regression of the disorder did not completely dispel creativity, it at least limited it, and the artistic creations became more conventional and mediocre (Cardinal, 1972, pp.40). Oftentimes, the reduction in the creative capacity of psychotics can be due to the effects of drug therapy, after which some patients resort to painting realistically and conventionally (Rhodes, 2000, p.92; Maizels, 1996, p.84). For this reason Arnulf Rainer (mentioned in section 2.1.9) was opposed to the administration of psychiatric medication on the basis that it obstructs creativity, although Navratil believed that this depended largely on the dosage of the medication (Thomashoff, 2008; Navratil, 2008).

One possible reason that creativity sometimes decreases (or ceases altogether) during the most relentless phases may be that sufferers are too incapacitated to function even on basic levels, which would surely disable them from making artworks (Kris, 1952, p.153). On the other hand, psychotics may create art in order to try to deal with the large number of thoughts that overwhelm their lives. Once the illness subsides, the pressure of mental activity will presumably decrease leaving them with less necessity to become creatively engaged (Billig, 1971, p.151). Either way it is evident that in many patients there is a change of style that seems to coincide with the shifts in intensity of the disorder as has been noted in the previous research (Kris, 1952, p.153).

2.2.4 Comparison between psychotic and non-psychotic creators

One difference between non-psychotic people with no prior artistic training and psychotic ones is that the former tend to show an increase in their technical ability as they continue to practice, while the latter do not. In fact, even among the most productive psychotic artists it has been observed that there is hardly any increase in their proficiency concerning the act of drawing or painting throughout their whole artistic production, as often their later works resemble their earlier ones (Kris, 1952, pp.89-92; Cardinal, 1972, p.42). Nevertheless, there are exceptions like the Italian patient Carlo Zinelli (1916-1974), who developed more sophisticated techniques for applying paint and drawing figures later on in his life, and the Gugging artist Johann Fischer (b.1919) whose work initially portrayed solitary forms and gradually became more complex (Maizels, 1996, p.51, p.91).

Before leaving this topic, it is worth pausing briefly to note another difference often used to distinguish practicing artists (as we understand them in the non-psychotic context) from patients who make art (trained or otherwise). This is the lack of will on the part of patients to communicate with audiences. Usually a work of art is a kind of link between the artist and his/her audience, it is the intervening part of one's interaction with the external world. Therefore by depicting the internal conflict of the artist the work dismisses individuality, merging him/her with the audience into a unity. In this way it is a transaction between internal operations and social operations (Turco, 2001, pp.544-547). Many psychotic patients on the other hand are prevented by their disorder to engage in social operations since they exist in a private world very different from their surrounding reality. For this reason, their work is not an interaction with the external world. This view is also supported by Rainer (section 2.1.9) and Dubuffet, who believe that the artwork of psychotics is essentially a

representation of the self and thus a dialogue with the self (Cardinal, 1972, p.44; Navratil, 2008). However, others (like MacGregor) believe that psychotics aim to communicate (and are often successful) through their artwork, and see it as a bridge between psychotic creator and viewer (MacGregor, 1989, p.204). This debate leads us to the examination of the role and importance of creative activity (artistic or other) for psychotic patients.

2.2.5 The psychological significance of artistic creation for psychotics

We have reached the point where we can explore the development of the idea that, from the point of view of patient-artists, artworks represent an inner urge that is entirely personal; in that respect it is conceived and produced entirely for its creator (Jadi, 1996, p.31). This point is also supported by Beveridge (1998), who noted this tendency in the works of Andrew Kennedy (section 2.1.2) (Beveridge, 1998). Kris describes the creative world of a patient as a vacuum in which sharing an artistic output, even with a psychiatrist, is not taken into account (Kris, 1952, p.167).

For theorists such as Inge Jadi and Naumburg, in the absence of any explicit desire to communicate, the best way to understand the production of artworks by patients is as a defense mechanism that involves self-explanatory processes in which patients either describe circumstances in their actual life, or create alternative, more benign realities that they could inhabit.¹ These alternative realities are aided by a regression to earlier developmental stages which is often found in the psychotic condition, and they create situations in which 'reality', an external state shared and understood by others, can no longer be used as a point of reference and comparison.

¹ It is interesting to note that non-schizophrenic artists also retreat from the disappointing reality into their own imaginary world, but they are able to come back to reality when they choose to, something which is not possible for schizophrenics (Roje, 1994, p.375; Turco, 2001, p.545).

According to Naumburg, in this case the creation of work functions as a process of idealisation of their life and self. This often drives them to portray their hallucinations in their artwork. In other words, creative activity is seen as a way of proposing a level of stability they desperately and pathologically lack (Cohen, 1981, p.16; Jadi, 1996, pp.30-31; Chemama-Steiner, 2004, p.162; Echols & Mariarosa, 1997, p.52). Cardinal (1972) stresses that art offers the psychotic the sort of unity that has been removed from him/her by society and is in this way therapeutic (Cardinal, 1972, p.44). This can be evidenced partly in the artwork of the schizophrenic patient-artist Martin Ramirez, which is both an attempt on his part to keep contact with his past and to create a better reality than the one which surrounds him at the institution (Morris, 1995, p.40).

Conversely, Rhodes (2000) has pointed out that in some cases artistic production seems to be damaging to a psychotic. This he observes in the work of August Klotz (b.1864) (a patient whose work was examined by Prinzhorn) which seems to have prolonged and increased the torment of his hallucinations. He notes the same for artists Nick Blinko (b.1961) (who was formerly institutionalised) and Raymond Morris (b.1951), whose work allegedly contributed to their psychological instability (Rhodes, 2000, pp.120-124).

By examining the artwork of schizophrenic children, Henley (1994) found that in them there are also fluctuations between periods of clarity and others of primary regression to earlier stages, and that they too use art as a guard against their fears, especially that of destruction. Henley also found that they were able to stop regression through their art by releasing some of the pressure caused by the primary processes (page 123) and to have a certain degree of control over the composition. This finally worked as a kind of cleansing for them and was achieved mainly by

erasing some of their conflicts through the projection of their delusions in their artwork (Henley, 1994, pp.100-105).

A slightly different version of this idea is that the creation of pictorial images helps patients separate their fantastic and overwhelming imaginings from the reality that surrounds them (Alter-Muri, 1994, p.221; Tyszkiewicz & Zuchowics, 1999, p.48). Under the guidance of the therapist, picture making activities can be designed to interrupt the feelings that so damage the life of psychotics. Furthermore, the permanent display of these artworks in the rooms of patients is thought to relieve the tension caused by inner fantasies. An interesting point made by Peter Hartwich and Rolf Brandecker is that even though these works are of a personal nature, other patients may also benefit from their exhibition (Hartwich & Brandecker, 1997, p.369). An example of this is the schizophrenic patient Heinrich Anton Muller (1865-1930) who often exhibited his drawings on his walls, albeit for his own pleasure (Maizels, 1996, p.50). The role of artistic creation for psychiatric patients brings us to the examination of the related concept of “creative psychosis”.

2.2.6 The concept of “creative psychosis”

The term “creative psychosis” was initiated by the psychiatrist Pavlos Vassiliadis in an attempt to describe the artistic activity of psychotic patients who, by exhibiting a sense of personal expressive style, were considered to have a certain degree of artistic talent. The birth of this concept can most probably be attributed to Leo Navratil and the Gugging Institute. Around 1994 Vassiliadis selected a group of fifteen mentally ill creators from a large number of psychiatric patients (around two percent of the psychiatric inmate population), and by providing the opportunity for them to become engaged in artistic expression (five of the patients were given studio

spaces while the other ten were involved in music) he created the Unit of Cultural Communication as part of the Psychiatric Hospital of Thessaloniki, in Greece. This programme (which is very similar to that introduced by Navratil at Gugging) has been running since then and has provided an important outlet of artistic expression for patients (Vassiliadis, 2008).

It is important to distinguish the concept of “creative psychosis” from the concept of “art therapy” (which is also introduced in this study), a system of therapy which has been around since the 1960s. The former is aimed at artistic creation and aesthetic expression, de-stigmatisation, occupational opportunity and therapy, while the latter is aimed mostly at therapy. Art therapy includes two approaches: one is focused on the psychoanalytic assumptions we looked at in the previous sections, while the other aims to train the mind (especially the right hemisphere, the one mostly responsible for artistic creation) and enhance the person’s self-esteem by rousing artistic creation at all levels (Thomashoff, 2008; Poldinger, 2008). This latter approach is more in tune with creative psychosis. Another difference between the two concepts is that in creative psychosis the individual patient-artists were selected (according to the quality of their artwork and their overall enthusiasm for artistic production) from a larger number of patients, whilst in art therapy individual patients are usually not selected but participate as a group in artistic activity. A final major difference is that in creative psychosis there is no interference in artistic creation (the only non-patient present at the Unit of Cultural Communication was there solely to provide the materials to the artists and did not instruct them in any way). In art therapy however, there is usually a greater degree of structure and sometimes the subject matter of a particular art exercise is pre-determined, thus making it less authentic and personal and possibly resulting in works of inferior quality (Vassiliadis,

2008; Cardinal, 1972, p.39). As Rhodes (2000) points out, this is one reason art therapy has been deemed the beginning of the downfall of the concept of psychotic creativity. It is possible however that at times the decline of quality in the work may be due to an improper selection process of works (Rhodes, 2000, p.92, p.103; Maizels, 1996, p.84).

A ten-year evaluation of the “creative psychosis” programme (which included fifty musical performances and forty art exhibitions) presented a variety of positive results in all four areas of interest mentioned above. With regards to artistic expression, three of the artists eventually exhibited in public exhibition spaces in Thessaloniki, one became a member of the Association of Artists of Fine Arts of Northern Greece, and one took part in a distinguished Art Brut exhibition in Munich. Secondly, regarding de-stigmatisation, more than twenty thousand people came in contact with the work of these artists, giving them massive exposure. Concerning occupational opportunities, four patient-artists took part in one-man shows as well as group exhibitions and a number of paintings were sold (there were also similar achievements for the musical group). With respects to therapeutic outcome, twenty one re-admissions were prevented as well as over three-thousand institutional inpatient days.² Finally, an important humanistic advantage of this programme (that can not be measured with numbers) was the cultivation of a sense of identity (that of the artist or musician) in people who previously considered themselves to be without identity (and often without value) (Vassiliadis, 2008). This last advantage, the sense of identity achieved through artistic creation, has also been pointed out by Maizels

² Given Vassiliadis’s estimation of an inpatient day’s cost of around one hundred and fifty euro (including medication, psychotherapy sessions, room and board), one can see the financial advantage of the concept of creative psychosis.

(1996) in the Gugging artists, and the Schlumpers, a group of mentally handicapped people involved in artistic activity (Maizels, 1996, p.86; Gercken, 2008).

2.2.7 Psychosis and creativity

Having examined the nature of both creativity and psychosis, as well as the psychological procedures that link the two, an important question arises: does psychosis lead to creation and therefore are psychotics actually more creative than non-psychotics? The art historian Rudolf Wittkower (1901-1971), who extensively researched this question, found mainly contradicting views: one group of psychologists believed that insanity nourished genius (and thus creativity) while another believed the exact opposite, mainly that insanity stifled creativity (Davidson, 1989, p.55).

Prinzhorn, Dubuffet, Rush and perhaps Pinel would probably belong to the first group. Alfred Bader also notes the remarkable intuition displayed by psychotic creators. Thevoz (1992) indicates the mental dissociation of psychotics as a weapon with which to shun cultural influence, manifesting through the family, school, and immediate environment. He also emphasises the loss of freedom (due to institutionalisation) as the trigger for the return of the creative impulse (which in many cases has been absent since childhood) (Thevoz, 1992, p.37). Navratil too, would be inclined to look upon the psychotic condition as a likely influence for enhanced creativity since he defines as 'original' the art that displays personal character. This, he believes, can easily be found in the artwork of psychotics who can readily let their personality (rather than societal norms) dictate their art (Cardinal, 1972, p.44). However, the high quality of artworks produced at the "Artist's House" (which Navratil was in charge of) has been attributed more to the careful selection of

representative works from this institution than the enhanced creativity of the patients who reside there, something that has also been said of Prinzhorn's collection (Rhodes, 2000, p.103; Hennig, 2006, p.22).

The comparison between psychotics and non-psychotics in the work of theorists such as Kris is a pivotal idea by which Psychotic Art is given the central role in understanding the nature of creativity. However, according to Kris, the proportion of artists among psychotic patients is likely to be two percent of the institutionalised population (Kris, 1952, p.89). This is about the same as the proportion of practicing artists within non-psychotic communities (Alter-Muri, 1994, p.221) and so the case for the special link between psychosis and creativity does not depend on a specific institution or on the specific psychological condition. Roger Cardinal and Vittorino Andreoli also believe that the case for an increased creativity in psychotics can not be made (Cardinal, 1972, p.40; Andreoli, 2008) and this notion is supported by the fact that the majority of psychotics do not in fact create art (Rhodes, 2000, p.60). According to Benedetti (2008), one reason why artistic creation may oftentimes not follow psychosis is that the latter has damaged that part of the brain responsible for creativity (Benedetti, 2008). Furthermore, along the same lines, Strobl (2008) supports that psychosis leads to a loss of performance and creativity through its disruption of thought processes (Strobl, 2008). However, despite all this, Andreoli confers that there is also no conclusive evidence that the most regressed schizophrenic can not in fact create art (Andreoli, 2008).

Due to the preceding evidence, even though there seem to be two sides to this answer I would be inclined to agree with Beveridge (2001) that overall one cannot make the case for an increased creative drive in all psychotics. Some cases of patient-artists (such as Adolf Wolfli, Aloise Corbaz [1886-1964] and other specific examples)

seem to display an amplification of artistic production which is perhaps related to the onset of mental illness. This increased creativity may be due to what Rhodes infers to as the dismissal of various inhibitions resulting from 'sanity', such as an awareness of social norms and the opinion of the public (Rhodes, 2000, p.56; Beveridge, 2001). On the other hand, this augmented artistic ability is not present in many other psychotic patients. Finally, I believe that the aesthetic judgement of any artistic production (including that of psychotics) is a matter of personal taste or, as Benedetti relates, a matter of reception (on behalf of the viewer), and thus the perceived quality of a piece of art is ultimately a subjective affair (Benedetti, 2008).

Another important question that arises in the context of psychosis and artistic creation is the distinctiveness of psychotic works. Are artworks by psychotic patients distinctive from those of non-psychotic artists? Marcel Reja (section 2.1.5) indicated that he considered the work of psychotics distinctive from that of other artists and John Maizels seems to share this opinion (Maizels, 1996, p.13-14). Prinzhorn on the other hand, believed that the creative drive in psychotics originated from the same processes as in non-psychotics, therefore it is possible he did not believe in its uniqueness (Maizels, 1996, p.15). Neither did William Alexander Francis Browne as we have seen. From my own experience, having looked at a large number of artworks by psychotics, I have found that most works do not show any specific 'signs' of mental illness. If I was to be shown paintings by psychotic people, I don't believe I would be able to distinguish them among other works. This means two things: a) that the artwork of psychotics is not necessarily different (or distinguishable) from that of 'normal' artists and b) that there are no "defining" characteristics of Psychotic Art. It is true however, that there are some characteristics that seem to reoccur in a large number of artworks by psychotics. These characteristics (which may be formal,

stylistic, organisational or related to subject matter) are not only limited to specimens of Psychotic Art and occur in the artistic products of a number of other schools or movements of art. This could be partly due to the fact that psychotic creators (much like non-psychotic creators) are also influenced by proceedings in the outside world (at least to the point their awareness permits them) like social issues, technological developments and even artistic currents and trends (Cardinal, 1972, p.46). In the following section I will be discussing some of the most commonly occurring attributes in artworks by psychotic individuals.

2.2.8 Common traits of Psychotic Art

As we have seen before, the first person to compose a list of prevalent characteristics of the art of patients was Lombroso in the late nineteenth century. He believed however, that this artwork was only useful as a diagnostic tool and besides that, had no artistic value. Since then there have been other attempts to locate characteristic traits of patient (especially psychotic) art. Prinzhorn himself was against the idea of classifying the artwork of psychotic patients with respect to formal (or 'essential') features and of using any such features for diagnostic purposes (McGregor, 1989, p.203; Cardinal, 1972, p.21; Gercken, 2008; Rhodes, 2000, p.87). He did however mention some 'urges' that psychotics have (such as the "expressive urge", the "urge to play", and the "ornamental urge") as well as some 'tendencies' (the "ordering tendency", and the "tendency to imitate") and the "need for symbols". Each one of these 'urges' or 'tendencies' led to stylistic decisions in the artwork of psychotics (for example the use of scribbles, the use of ornamentation and decoration, the use of repetition or division of surfaces, the description of personal experiences, the portrayal of hallucinations) (Prinzhorn, 1922, pp.12-26, pp.40-62, pp.79-81;

Maizels, 1996, p.15). Prinzhorn did not neglect to mention that these features were not exclusive to psychotics but could also be found in numerous artworks of non-psychotics, especially Expressionists (the twentieth century Modernist art movement that will be expanded on in Chapter 4) and the artwork of children and ‘primitive’ cultures. In this way, he acknowledged that in fact there was nothing distinctive about the art of psychotics and thus it could not be used for diagnostic purposes (McGregor, 1989, pp.203-204; Gercken, 2008; Rhodes, 2000, p.61).

Jean Vinchon (section 2.1.5) was another theorist who wrote about common traits of the art of the insane in *L’art et la folie* (1924). Vinchon mentioned a variety of mental illnesses each with its own characteristic traits, of which a general one was ‘distortion of form’. He stated that in both mania and depression, the most distinctive feature was colour (with bright colours dominating in the former, and dark [or lack of colour] in the latter), while in schizophrenia it was the confusion of expressive forms. Additionally, in dementia he observed abstract forms, in epilepsy he encountered excessive ornamentation, whilst in paranoid conditions (such as delusional disorder) he observed mostly realistic works (Safarova, 2008; Vassiliadis, 2008; Art Brut connaissance & diffusion, 2008).

In the following years a number of others have written about characteristics of Psychotic Art. Honorio Delgado (section 2.1.10) who collected works in Peru mentioned the use of symbols of a sexual nature and the use of archetypal images (according to Jung these are images, or symbols, that stem from the collective unconscious, inherited from the “cumulative experiences of past generations” [Pervin, 1993, p.148], such as for example the sun, or the womb) (Safarova, 2008; Vassiliadis, 2008; Poldinger, 2008). Also around the same time, the Brazilian Osorio Cesar (section 2.1.10) wrote about the use of distortions in figures as well as the use of

symbols (Safarova, 2008). In the 1940's Gaston Ferdiere, who organised exhibitions of art of the mentally ill in Montpellier, revealed the use of principles such as repetition, balance, structure, and the use of margins in artworks (Vassiliadis, 2008; Art Brut Connaissance & Diffussion, 2008).

In the 1950s there were two other theoreticians who explored prevailing characteristics of Psychotic Art: Francis Reitman and Ernst Kris (section 2.1.8). In his book *Psychotic Art* (1950), Reitman discussed traits such as the fragmentation or disintegration of form, the use of hallucinations, bold or unrealistic use of colour, and the use of geometric forms. He also described various common tendencies of Psychotic Art related to structural traits of a composition, such as the use of repetition, and the use of stylisation and doodles. Finally he discussed common themes in the content of Psychotic Art (Reitman, 1950, pp.21-50). Two years later, Kris published *Psychoanalytic Explorations in Art* (1952) in which he mentions features such as the fusion of forms, the use of symbols, the presence of magic or hidden meanings, the rigidity of the human form and the frequent use of text (Kris, 1952, pp.87-114, pp.152-159).

With regards to formal characteristics of the artwork of psychotics, Helmut Rennert mentioned the use of writing and the combination of unrelated forms, believing those could be categorised and used as secure diagnostic tools for various disorders. This also applies to Nise Da Silveira (section 2.1.10) and Gantt and Howie (section 2.1.7). It also seems that Navratil named traits for diagnostic as well as descriptive purposes. The three main traits he distinguished were: the need for expression (leading to physiognomy), the tendency towards order (leading to formalisation) and the need to use symbols. This was in line with psychiatrist Pavlos Vassiliadis, who also listed reoccurring attributes of Psychotic Art purely for

descriptive purposes (Cardinal, 1972, p.21; Vassiliadis, 2008; Gercken, 2008; Poldinger, 2008; Maizels, 1996, p.85). Beveridge (1998) also indicated a number of Lombroso's attributes as recurring 'traits' in the work of Andrew Kennedy (such as 'uniformity', 'absurdity', 'eccentricity', 'obscenity' and 'uselessness') (Beveridge, 1998).

Rhodes (2000) proposes that it is futile to look for defining characteristics in the work of psychotics, possibly due to his belief that there is no art which is totally uninfluenced by culture, and therefore, the art of psychotics is also bound to embody cultural elements. This view is also supported by Thomashoff (2008) who believes it is expectable for patients to be culturally influenced since this is after all a characteristic of all human beings (Thomashoff, 2008). Examples of this are artworks by both Aloise (section 2.2.7) and Wolfli (who sometimes used magazine and newspaper cutouts in their collages) and the work of Martin Ramirez (1895-1963), which contains many references to Mexican Folk Art, and American culture and stereotypes (such as vacqueros, dream cars and glamorous women) (Maclagan, 1992, p.42; Rhodes, 2000, p.113; Maizels, 1996, p.100). Similarly, the work of Italian patient Carlo Zinelli (1916-1974) contains references to institutionalisation (such as rows of figures resembling the exercise yards and dorms), also a cultural influence (Maizels, 1996, p.51). In this sense, perhaps some of the so-called 'common' characteristics of this art (which are also present in non-psychotic art) could in fact be due to culture and not psychosis, therefore it would seem ill-advised to search for 'defining characteristics' of this art (Rhodes, 2000; All in the mind, 2006).

Having examined the latest approaches toward Psychotic Art, as well as the psychological significance of art for psychotic patient-artists (which may be either used as a defense mechanism, as a way to release pressure or therapeutically) I will

next be looking at the art of psychotics from an aesthetic or artistic point of view (as many others have done so far in the history of this concept). This view, formed mostly in art schools or by art historians, usually implies the exploration of formal characteristics and tendencies. In addition, due to the extensive previous research on the characteristics of Psychotic Art, it would be an omission for me as a practice-led researcher not to mention and explore some of these attributes myself. Nevertheless, the attitude I will adopt in the following sections of this chapter with regards to formal characteristics of Psychotic Art is mainly that of Vassiliadis. These attributes will not be approached with any claim of diagnostic value, or as “distinctive” or “defining” of Psychotic Art, as they are to be found in a variety of Modernist artists (although for different reasons) and also other “outsider artists” (a term explored in Chapter 4). Instead, these traits are ones that I too (as well as the previously mentioned theorists) have observed as common and reoccurring among a number of artworks of psychotic patients, of which I will provide examples. Some of these characteristics may be instigated by specific psychological processes that will also be explained. Additionally, I will be referring to various works by non-mentally ill artists that display characteristics similar to these. Another reason I am exploring these traits is that they will form a basis from which I will derive some of the commonly utilised characteristics of my own artwork, introduced in Chapter 5. The next sections will examine these characteristics into three categories: elements of design, principles of design and content (subject matter).

2.3 Common characteristics in elements of design

This section continues the investigation of the second type of interaction, the influence of art on psychosis. The above interaction presupposes the existence of psychosis prior to artistic activity. For this reason we will explore the works of psychotic patient-artists who were hospitalised due to psychosis before they developed artistic activity. It is noted by the psychiatrist Paulos Vassiliadis that psychotics have similar ways of expressing themselves, which will become evident once we look at the recurring characteristics of their art (Vassiliadis, 2002, p.83). In order to signify the results of the above interaction we will now look at the first category of characteristics of the artwork of these patients regarding the various elements of design (such as form/shape, space, line and colour).

2.3.1 The element of form in the work of psychotics

Regarding form, one tendency of psychotic patient-artists is to use geometric forms, which gives their compositions a simplified character (Reitman, 1954, p.24). Arnheim (1977) calls this the “reality principle” and proposes that it characterises the general indifference exhibited by these patients (Crespo, 2003, p.185). Another researcher, Billig (1973), speculates that this tendency creates strict order and thus assists the weakened ego in controlling potentially dangerous impulses (Billig, 1973, p.11). Plokker believes that most psychotics find their representative forms by chance rather than intentionally (Cardinal, 1972, p.44). From research by Bender (1981) into the art of schizophrenic children, it has appeared that they often tend to place the emphasis of the picture on the horizontal level resulting in the use of a lot of primal, simple shapes such as circles and loops (Bender, 1981, p.4).

Numerous works of psychotic patient-artists exhibit liberated forms, sometimes merging into one another, causing some of them to obtain double meanings. This means that they may either be part of more than one form or have more than one meaning in the composition. Freud noted that this process is also present in dreams where words often take on dual interpretations. He explained that the reason this happens in the art of psychotics is that they try desperately to regain their relationship to the external world which is in fact rapidly diminishing. In this effort they often fail to capture the essence of objects and substitute them with words which, in their mind, define them. This leads them to use the word instead of the object often confusing concepts and meanings. Due to this confusion and because of external similarities, they blend forms into one another leading to lines that have dual importance (in the sense that they belong to two different forms and are an integral part of both) (Kris, 1952, pp.100-101).

Merging forms are clearly evident in (Fig. 12 [Vasiliadis collection, Kabitsis, 2005, photograph]), where one can see composite forms made up of many different faces, heads or strange animals. The patient-artist who created this painting, Dimitris Zachos (b.1971), makes repeated use of such forms in his artworks. One effect noticed in relation to this is that some works (such as the above figure) contain forms that have no obvious connection, a process known as “agglutination” (Arnheim, 1986, p.51; Schmidt, Steck & Bader, 1961, p.49). Another example is Fig. 13 (Vassiliadis, 2002, p.61, illus), *The Miraculous Shepherd* by August Neter (1869-1933) (one of Prinzhorn’s patients) where it is evident that we are dealing with some figurative forms (one of which is a shepherd with a dog) which are surrounded by other forms that are ambiguous. One of the reasons for their ambiguity is that the outlines are common between them to the extent that we do not know where either form begins.

Reitman (1954) also noted the appearance of condensed or merged forms in works by Egyptian patient-artists which included half-human and half-animal forms (Reitman, 1954, pp.30-33).

Vassiliadis supports that the merging of forms and the condensation sometimes observed is caused by the need of patients to diffuse the boundaries of their ego and discharge their identity outwards. One more characteristic that results from this need is the creation of forms which are not clearly distinguishable from their background, also termed “double profiles”, evident in Fig. 14 (Vassiliadis collection, Kabitsis, 2005, photograph) (Vassiliadis, 2002, p.86; Billig, 1973, p.21). In this figure there are a variety of animals which blend into the background. Another feature that results from this tendency is the creation of ‘negative’ forms (also known as forms which are created out of the vacuum, or forms that appear from the creation of spaces between other forms) such as Fig. 15 (Vassiliadis, 2002, p.60, illus) (Billig, 1973, p.21). In this composition entitled *Head of a Witch* we can see a human head formed by the boundaries of the field. These forms may reflect the fear of psychotic patients to relate to their surrounding world which is withdrawing from them, as well as an attempt at organisation (Vassiliadis, 2002, pp.85-86).

One more related feature is transparency (or “x-ray vision”) as it is also referred to, meaning that some forms are transparent. In these cases there is another form portrayed inside the main one as though the viewer can see through it (Langevin, Raine, Day & Waxer, 1975, p.153; Crespo, 2003, p.185). An example of this is Fig. 16 (Hellenic Culture Organisation, 2004, p.121, illus) entitled *The Magic Fish* (1954) by Friedrich Schroder-Sonnenstern, where the viewer is able to see inside the body of what seems to be a whale, revealing a variety of animals and buildings. Vassiliadis proposes that the feature resembles the delusion, experienced by many psychotics,

that someone can see inside their bodies and by extension, inside their mind. This is a terrifying feeling for psychotics who depict it in an attempt to control the situation. Overall, by using x-ray forms, negative forms, or ones with dual meanings, psychotics are trying to express their sense of fear with regards to the threatening external world (Vassiliadis, 2002, pp.85-87).

2.3.2 The human form

Another commonly observed characteristic of psychotic art is the inflexibility of the human form, alluding to the stiff and rigid lines which often compose figures (Fig. 17 [Vassiliadis collection, Kabitsis, 2005, photograph]). Kris mentions that some observers may be tempted to ascribe this to the lack of artistic training or ability but as he points out it is quite evident even in works of psychotics who were trained artists prior to their psychosis. It can also be seen in some drawings by the Swedish painter Ernst Josephson (1851-1906) (Fig. 18 [Kris, 1952, fig.16, illus]) who will be looked at in more detail in the next chapter (Kris, 1952, p.107).

One researcher who worked with schizophrenic children, Bender (1981), realised that the human form in drawings by psychotics actually represents their own body, so that basically all portraits of psychotics are in fact self-portraits (Bender, 1981, p.5). This characteristic however, is related to the general inflexibility of forms which may be an outcome of the emotional withdrawal from reality that is characteristic of many psychotics, or as a form of defense against this reality. The rigidity of form may thus reflect the spiritual alienation and flatness of affect which was described in the previous chapter as one of the symptoms of schizophrenia (Vassiliadis, 2002, pp.87-88; Billig, 1973, p.10).

2.3.3 The element of space in works of psychotics

The next element that will be analyzed is space and in this case it is intricately connected with form. Generally it has been supported by Schmidt, Steck and Bader (1961) that psychotics do not have a clear concept of space, which is something that was also observed in studies by Langevin, Raine, Day and Waxer (1973), and Cohen, Hammer and Singer (1988) (Schmidt, Steck & Bader, 1961, p.42; Langevin, Raine, Day & Waxer, 1975, p.153; Cohen, Hammer & Singer, 1988, p.20). Reitman also observed this characteristic in drawings by patient-artists from India where spatial organisation was resolved by superimposing images on top of each other to show depth (Reitman, 1954, pp.33-37).

The most common characteristic of psychotics regarding space, similar to children and tribal artists, is that they do not use perspective but employ the working surface as a plane and often draw as if from a high angle (Fig. 19 [Hellenic Culture Organisation, 2004, p.133, illus]). In this composition entitled *Olympic Games* (1993) we are supposed to be looking at the swimming pool from above but in fact the pool and the spectators are on the same level. As a result of this ambiguity regarding space, they are not concerned with depth in their paintings and similarly are not interested in representing volume or three-dimensionality which is a reason many of them do not depict shadows. This leads to their forms being flat, two-dimensional and looking like maps (Prinzhorn, 1922, p.55). Billig and Burton-Bradley also noticed the existence of flat and two-dimensional forms in artworks of patient-artists in New Guinea (Billig & Burton-Bradley, 1973, pp.323-327). Sometimes, within the ambiguity of spatial depiction there is an attempt to balance areas that seem to protrude from the surface, with empty spaces (such as windows or doorways), as in the work of Martin Ramirez (MacLagan, 1992, pp.43-44).

One reason for this spatial ambiguity is that psychotic patient-artists often depict things as they exist inside them, not necessarily as they appear externally in the world that surrounds them (Schmidt, Steck & Bader, 1961, p.42). Suzanne K. Langer (1895-1985), who researched artistic production in children with schizophrenia, points out that “Artistic form is a projection not a copy” (Bender, 1981, p.3). Another factor which should be taken into account with regards to space is any form of previous artistic training, because it has been pointed out by Prinzhorn that the depiction of spatial relationships often has to do with training (Prinzhorn, 1922, pp.54-55).

2.3.4 The element of line in works of psychotics

The tendency to outline objects with dark bold lines is very common among psychotic patient-artists and is also evident in the art of children suffering from psychosis (Bender, 1981, p.4). It is noted by Schmidt, Steck and Bader (1961) that lines are often more important to psychotics than colour and that sometimes colour is used in order to draw rather than to actually fill something in (Schmidt, Steck & Bader, 1961, pp.42-43). Reitman (1954) found that bold outlines were also exhibited in artworks by psychotic patient-artists from India and Japan (Reitman, 1954, pp.33-39).

Usually these solid outlines expose the estranged psychological condition of their creator (Prinzhorn, 1922, p.264). They are used even when there are animated colours present, as their purpose is to present the boundaries of each object or person (Figs. 17, Fig. 20 [Vassiliadis Collection, Kabitsis, 2005, photograph] and Fig. 21 [Hellenic Culture Organisation, 2004, p.267, illus]). At times the need to impose finite boundaries in their work represents the need of psychotic patient-artists to

impose boundaries in their lives (Vassiliadis, 2002, p.76). The most problematic boundaries are usually the ones that define the self, which may result in impairment of the notion of the body and hence the body image in a composition as is seen in Fig. 22 (Schmidt, Steck & Bader, 1961, p.72, illus) (Reitman, 1950, p.58). In this drawing the outline defines a human form which is clear regarding the head while the rest of the form is ambiguous. Oftentimes lines are executed in one move and the patient does not draw over them a second time. It is quite obvious from some of the above figures that line is the most important element present as there are few colours and the figures are only visible because of their outlines (Schmidt, Steck & Bader, 1961, pp. 47-48).

Another frequent occurrence is the treatment of the surface of the composition using geometric lines or its division into separate geometric shapes/figures (Fig. 23 [Vassiliadis collection, Kabitsis, 2005, photograph]). This painting is partly divided into various areas of lines, squares and scale-like forms. Other times these surfaces are covered by dots or circles. This characteristic has actually been hailed as almost 'indicative' of Psychotic Art in that it is seldom seen in other works (Schmidt, Steck & Bader, 1961, pp.47-48).

2.3.5 The use of 'doodles'

Sometimes the random and segmented material that reaches the consciousness of psychotic patient-artists finds an outlet through movements that have no specific purpose, often ending up in random lines without any spatial structure (referred to as 'scribbles', also known as 'doodles') (Fig. 24 [Vasiliadis collection, Kabitsis, 2005, photograph]) (Billig, 1973, p.25). It is evident from this example that usually scribbles do not have any representational significance whatsoever and it would seem

futile to try to search for any kind of purpose or order in them. From the way they spread across the page it is obvious that there is no sequence in the way they are positioned in the composition (Prinzhorn, 1922, p.42). Cardinal however, believes that on certain occasions scribbles may represent particular things to the creator (Cardinal, 1972, p.40). Reitman has presented them as a mix of perceptual and conceptual material and he also found evidence of doodles in works by Egyptian and African patient-artists (Reitman, 1950, p.36; Reitman, 1954, pp.30-32).

Even though the doodles of psychotics are similar to those of 'normals', to the point where they cannot be told apart, the main difference between them is in their function. A commonly perceived motivating force behind doodles is an urge to play, however, Prinzhorn has pointed out the multiple importances of doodles which are also indicative of other psychic procedures. In non-psychotic people they often appear when someone is relaxed and inactive or bored, but they may also denote a state of tension which is in need of release. Doodles may be displays of an expressive urge as they are often psychologically charged, and offer escape via an expressive outlet. Another reason behind the creation of scribbles is a need to be active and dynamic which can also be seen as a form of release. Finally, a third driving force may be the need to enrich one's surrounding world. These latter functions are mostly encountered in psychotic subjects as for them doodles or scribbles play a much more significant role since they are not a casual activity but one with deep meaning (Prinzhorn, 1922, p.16, p.42; Kris, 1952, p.91). However, Maclay pointed out that if these doodles were of a symbolic nature it was a personal significance that they acquired (Reitman, 1950, p.37). This inclination toward making scribbles has also been observed in embroidered works created by psychotic patients and they are very similar in form to the doodles found in pictorial works (Reitman, 1950, p.49).

2.3.6 The element of colour in works of psychotics

Having talked about form, space and line so far, the next element of paramount importance is colour. As has been observed in many works, psychotic patients tend to use daring, strong colours without inhibitions (Fig. 25 [Hellenic Culture Organisation, 2004, p.128, illus]). This composition, which is by the patient-artist Aloise, exhibits the unrestricted use of red, yellow and orange. Many times psychotics use unfavourable colours meaning either that they are unusual and unpleasant to the eye (such as certain shades of red or purple) seen in Fig. 17 and Fig. 26 (Vasiliadis collection, Kabitsis, 2005, photograph), or that they use unaesthetic combinations of colours (ones that do not match together). This was also observed in artworks of a young male patient made on a computer, who extensively used complementary colours such as violet and yellow (Hartwich & Brandecker, 1997, p.369). A third irregularity is that they often paint objects with colours that do not match the ones they are in reality, as in Fig. 27 (Vasiliadis collection, Kabitsis, 2005, photograph) (Reitman, 1950, p.25; Reitman, 1954, p.26; Crespo, 2003, p.185). In this figure some of the trees and the buildings are painted in almost surreal colours, very different from those what would be expected in a realistic painting.

It is quite rare to find customary or naturalistic colour schemes in works of psychotics who most often prefer to use undiluted colours (they avoid mixing them into tints or shades), ones that are bright and vivid. Interestingly however, the colour systems may be indicative of the varying degrees of the psychotic process (Fig. 28 [Vassiliadis collection, Kabitsis, 2005, photograph]). With regards to this figure, it was noted by Vassiliadis (who is the creator's therapist) that when the patient-artist went through severe phases of the disorder he tended to paint yellow highlights on the foreheads of his figures, as is evident in this picture (Vassiliadis, 2005). At times

psychotics may revert to monochrome when they are in the most anxiety provoking levels of the psychosis, such as Fig. 29 (Vassiliadis collection, Kabitsis, 2005, photograph) which utilises only various shades and tints of blue. They may return to brighter and livelier colours when there is a recess in the psychosis, such as those seen in the previous figures (Schmidt, Steck & Bader, 1961, p.46).

These characteristics in colour were also observed in a study by Billig and Burton-Bradley (1973) conducted on psychotic tribal artists, who found that even though it was customary for them to use earth tones (such as red and yellow ochre, black, and white) patients used bright red and yellow, purple and blue, even though this might cause strong objections and criticism among their local community. It was noted that even though there was a strong divergence in colour the compositions were organised in the conventional way (Billig & Burton-Bradley, 1973, pp.317-320). Reitman found that bright colours were also present in some artworks by Japanese patient-artists (Reitman, 1954, pp.38-39), while Tonini and Montanari (1955) noted lively but unusual colours (such as pink and sky blue) in the compositions of a subject when he was administered mescaline, and a blurring of colours when the same subject was under the influence of LSD 25 (Tonini & Montanari, 1955, pp.225-230). This once again hints at possible similarities between the two states (psychosis and chemical intoxication) as has been mentioned earlier in the survey.

There are a number of speculations about the irregular use of colour by psychotics. One of them is the possibility that colour is dissociated from form and therefore used independently of it. This view is supported by some studies by Von Senden, performed on congenitally blind people, which show that once vision is obtained the perception of colour precedes that of form suggesting that perhaps the perception of colour is a more primary operation. The separation of form and colour

had also been observed in the artworks of subjects who were under the influence of mescaline (Reitman, 1950, pp.34-35). Another speculation is that both form and colour are used as mechanisms of reaction to the way the environment is perceived and thus seek to alter this environment. A third hypothesis is that psychotics have certain colours which they are particularly fond of (aesthetically or otherwise) and are inclined to use them regardless of the situation or the objects involved (Reitman, 1950, pp.26-27; Reitman, 1954, p.26).

2.3.7 Summary

This section has investigated the use of elements such as form, line, space, and colour as they are used in works of Psychotic Art. Forms may be blended together, fade into the background or be geometric and rigid. Space is usually ambiguous, and lines are mostly used as outlines or even as scribbles with no meaning. Colour is usually not realistic and can be used to stress certain psychological processes.

These characteristics of psychotic patient-artists also occur in a number of artworks of various historical periods and geographical regions. Blended forms have appeared in Impressionist artworks while the aerial perspectives used in Dutch and British paintings of seventeenth century landscapes make some objects and forms seem to blend into the background. Dutch paintings of interiors and early Italian Renaissance paintings sometimes contain geometric or rigid forms. Examples of outlines have been found in Medieval drawings, Orthodox religious imagery and portraits by Jean Auguste Dominique Ingres (1780-1867), and some of Leonardo Da Vinci's (1452-1519) notebooks contain doodles among his many drawings. Rembrandt Van Rijn's (1606-1669) pen drawings also exhibited some doodles. Spatial ambiguity is present in some depictions of heaven from the Baroque period as

well as narrative compositions from the Early Renaissance where there are different moments in time portrayed within the same composition and also in Orthodox religious images. Finally non-realistic colours have been found in gilded skies on Medieval Paintings and some Christian Orthodox religious iconography. Most of the recurring traits in psychotic artworks are also evident in a number of Modernist movements of the twentieth century as will be seen in Chapter 4.

The above similarities suggest that there is an affinity between the art of psychotics and art from previous historical periods which denotes that Psychotic Art is not alien to non-psychotic art. This could potentially introduce psychosis as an alternative means of producing art or an unconventional way of becoming an artist. The next part of the chapter will examine the characteristics of the design principles in compositions of psychotic patient-artists.

2.4 Common characteristics in principles of design

This section will explore the characteristics that refer to the overall organisation of a work of art, the various principles of design (or “painterly mannerisms” as Vassiliadis referred to them) (Vassiliadis, 2002, p.61) which reoccur in artworks of psychotic patient-artists, and attempt to find common threads among these works. Following are some of these main characteristics, as they have been defined by theorists of Psychotic Art.

2.4.1 The tendency toward order and symmetry

Prinzhorn explains that one of the essential characteristics of Psychotic Art is a tendency toward formal order which, however, does not appear intentionally but as a

result of haphazard incidents and procedures. The patient-artist does not rely on intellectual procedures but rather on chance (Prinzhorn, 1922, p.266). According to Prinzhorn, the kind of orderliness in question is the consequence of visual experimentation which combines the need to depict content with the need to have formal integration. This attempt causes anxiety in the psychotic who is not efficient at handling such diverse goals (Prinzhorn, 1922, p.266).

With regards to the tendency towards organisation there are a number of related characteristics, such as symmetry and balance, which are evident in many works where there is an obvious attempt toward symmetrical balance (usually on either side of a vertical axis). This can be seen in Fig. 30 (Vassiliadis, 2002, p.80, illus), created by the patient-artist Adolf Wolfli. Another trait is the use of margins, which are spaces all along the perimeter of a composition and usually display decorations (Fig. 31 [Vassiliadis, 2002, p.81, illus]) (Vassiliadis, 2002, p.87). In the above composition the margins are decorated predominantly with flowers. Despite the general tendency toward order some compositions display a complete incoherence and overabundance of forms (often filling the whole composition), sometimes presented in clusters of patterns or ornaments (Fig. 23) (Reitman, 1950, p.32; Schmidt, Steck & Bader, 1961, p.17). In Fig. 32 (Vassiliadis collection, Kabitsis, 2005, photograph), there are various scenes which seem to be unconnected as though they belong to different compositions. This characteristic of incoherence and lack of unity was also observed in studies by Langevin, Raine, Day and Waxer (1975), and Cohen, Hammer and Singer (1988).

2.4.2 The tendency toward stylisation and abstraction

It is important to note that concerning stylisation the general appearance of a work depends greatly on the degree of psychotic breakdown that has taken place in the individual. Usually the greater the level of disintegration and the more futile the attempts at reconstitution, the more distorted and altered the subject matter appears, and the more precarious and unfinished the forms appear to the viewer (Billig, 1973, p.7). This characteristic is related to ‘absurdity’ first mentioned by Lombroso. A specific manifestation of this attribute is the stylisation of the human and animal form encountered in many works of psychotic artists (Schmidt, Steck & Bader, 1961, p.17). Stylisation is usually composed of simplification, distortion and multiplication of a pattern, which are the prevailing tendencies in the work (Schmidt, Steck & Bader, 1961, p.32). Simplification is an emphasis on the essential details of a form (as seen in Fig. 33 [Hellenic Culture Organisation, 2004, p.150, illus] which is a drawing by August Walla [b.1936], a Gugging artist), and Fig. 34 (Hellenic Culture Organisation, 2004, p.281, illus). The above figures display a simplification of the human form, as well as the form of an owl and a lobster. Distortion can be observed in Fig. 16 and Fig. 25. One common effect is the depiction of an animal or human from the front and side views simultaneously (Fig. 35 [Schmidt, Steck & Bader, 1961, p.41, illus]) (Prinzhorn, 1922, p.233; Schmidt, Steck & Bader, 1961, p.52). Other distortions that appear are elongations or stretching out of various body parts (Fig. 36 [Billig, 1973, p.21, illus]). In this figure the arms and penis are stretched out, the former alluding to aggressive tendencies in the person while the latter to a higher degree of sexual potency (Billig, 1973, p.16). Some of these tendencies are also observed in prehistoric art (Schmidt, Steck & Bader, 1961, pp.41-43) and have also been found in

artworks by psychotic tribal artists from New Guinea (Billig & Burton-Bradley, 1973, pp.323-327).

The characteristic of stylisation has been attributed by the psychoanalytic school to altered logical activity due to emotional causes, leading to modifications of the concept of reality (a key symptom of the disorder) that Prinzhorn refers to as a rejection of the conceived reality and a distortion of the environment around them (Reitman, 1950, p.32; Reitman, 1954, p.24; Prinzhorn, 1922, p.71). Cohen (1981) adds that the distortion of the human body in the artworks of patient-artists may reflect the altered experiences of their own bodies (Cohen, 1981, p.18).

Sometimes extreme stylisation can lead to completely abstract compositions (Fig. 37 [Vassiliadis collection, Kabitsis, 2005, photograph], Fig. 38 [Hellenic Psychiatric Association, 2001, p.8, illus]) (Schmidt, Steck & Bader, 1961, p.49). The last piece is by a patient-artist whose work derives from the forms created by the residue of coffee left over in a cup, giving birth to a whole world of abstract forms (some of these forms may be vaguely recognisable as animals or people) (Hellenic Psychiatric Association, 2001, p.8). Abstraction is a procedure also commonly used in dreams, where transformations occur permitting varying degrees of latent information to become apparent. It thus has roots in psychoanalysis as it is used to camouflage various dormant feelings and allow them expression in a more clear and evident form (Pickford, 1968, pp.182-184). The importance of stylisation and abstraction for patient-artists can be evidenced in a study by Hartwich and Brandecker (1997) where a female patient preferred using the computer for art production because it enabled her to better abstract her images than did her drawings (Hartwich & Brandecker, 1997, pp.370-371).

2.4.3 The tendency toward repetition

One other important characteristic encountered in psychotic compositions is related to Lombroso's characteristic of 'uniformity' and it refers to the use of certain forms repeatedly, which Vassiliadis termed "bourrage" (Vassiliadis, 2002, p.86). "Stereotypy", as this phenomenon is also referred to, can be seen in Fig. 39 (Prinzhorn, 1922, p.69, illus) where the patient repeatedly painted the same wagon design with no noticeable differences between the motifs. The same patient was noted by Prinzhorn to have painted the view from his window over one-hundred and twenty-five times with no differences between the various designs (Prinzhorn, 1922, p.68). This characteristic stems from one of the main symptoms of schizophrenia mentioned in the first chapter, perseveration, where the patient utters the same phrase or carries on the same behaviour over and over again. According to Freud these disturbances of thought and behaviour may be due to specific complexes but eventually they lose all purpose and are repeated mechanically (Reitman, 1950, p.23).

2.4.4 The tendency toward ornamentation

Another prevalent trend discussed by Vassiliadis is the characteristic of ornamentation or decoration. This was first defined by Lombroso using the term 'arabesques'. By ornament we mean usually an abstract form (can be lines or dots) used for no other reason than to decorate the composition (see Fig. 40 [Vasiliadis collection, Kabitsis, 2005, photograph]) (Prinzhorn, 1922, p.21). The embellishments contained in drawings are usually not subject to any specific rules or order but rather expand unhindered throughout the area of the work. There are no chosen themes or natural connections, the creation of ornaments is spontaneous (such as Fig. 34) (Prinzhorn, 1922, p.232). In this figure the forms of the human, lobster and owl are

all surrounded by semi-circular decorations. Reitman also found a propensity towards ornamentation in works by Indian patient-artists (Reitman, 1954, pp.33-36).

This characteristic has generally been noticed in all spheres of human activity (such as the human body, tools or weapons) sometimes even used as a defensive strategy against evil or for its potential as a source of magic. Other times its use is not intended to be practical but to enrich people's lives (Prinzhorn, 1922, p.21). Prinzhorn (1922) offers a number of different explanations for the existence of this tendency. One explanation sees the decorative urge as an exaggeration or extreme agitation of the strokes used in the composition, which directs these strokes toward autonomy as they acquire their own subsistence, one that is disconnected from representational forms. Similar to the doodles (section 2.3.5), these decorative forms may be understood (perhaps rather paradoxically) as both a state of tension and repose in the intellectual energy of the patient-artist (Prinzhorn, 1922, p.265). Another reason for this tendency is an urge to play that is also encountered in the work of children and art from tribal societies. It can be explained therefore as an attempt to emancipate oneself from formal rules and to create forms with no specific purpose, mostly as a leisure activity instead of as a means to an end. This kind of activity may also reveal an urge for automated discharge which is beyond the control of cerebral procedures as well as cultural restrictions, resulting in the free flow of forms (Prinzhorn, 1922, p.253).

The patient-artist's tendency to obsessively decorate has sometimes been ascribed to the physiological causes of psychosis. An example would be the rudimentary visual experiences encountered by Bender (Reitman, 1950, p.33) in the work of patients with certain kinds of brain injuries. Knauer and Maloney reported

that some paintings produced under the influence of mescaline also exhibited mosaic designs and embellishments along with a tendency for patterns (Reitman, 1950, p.35).

2.4.5 The tendency to use text

An extension of the tendency to decorate is another characteristic observed in many works: the propensity to combine text together with forms in a drawing or painting (Cohen, Hammer & Singer, 1988, p.20). This characteristic has been termed “writing-in” and is observed in compositions where there are a few dominant forms with the rest being covered partially or fully by writing (whether that be words, sentences or actual passages) (Figs. 20, 21, 33). The latter figure is by Walla who often uses the letter ‘H’ to symbolise hell (Hellenic Culture Organisation, 2004, p.300). Reitman found, by looking at artworks of patient-artists from other countries, that “writing-in” is also exhibited in works by patients from Mexico, Egypt, India and Japan (Reitman, 1954, pp.30-39). These words are usually not connected to the subject matter of the composition and even if they are, it is often not evident. Usually the connections occur in the mind of the patient (Prinzhorn, 1922, p.49). Sometimes however, there is an underlying theme in the text contained in a composition, as in the word-collages of Richard Saholt (section 2.2.2) which deal with emotional and psychological traumas such as negativity, pain, anguish, and war (Aronson, 1994, p.42).

In some cases, the text may be just one phrase repeated over and over creating a pattern, as in the pictures of Emma Hauck (Fig. 128), a psychiatric patient in the early part of the twentieth century. One particular picture was a letter that Hauck was writing to her husband which consisted mainly of one phrase: “come sweetheart come”. In this case of course that text has a definitive and sacred meaning for its

creator (Hennig, 2006, p.27). The use of text has also been detected in embroidered works of psychotic patients where similarly the words have an unclear connection to the images (Reitman, 1954, p.50).

2.4.6 The tendency to cover

The urge to decorate may be linked to a desire to fill whole compositions from corner to corner with a surplus of forms. This tendency suggests a pathological hatred of the void (termed “fear of vacuum” or “horror vacui”) and can be witnessed in Fig. 30 and Fig. 32 (Schmidt, Steck & Bader, 1961, p.49). Billig and Burton-Bradley (1973) found that a crayon drawing by a schizophrenic patient-artist from New Guinea also exhibited “horror vacui”. We could say that this characteristic is related to Lombroso’s characteristic of ‘minuteness of detail’ (Billig & Burton-Bradley, 1973, pp.323-327).

Vassiliadis (2002) links the fear of vacuum to the fear that psychotics face with regards to the disintegration of their ego. The need to fill in all the gaps may be seen as an attempt to rebuild the ego (Vassiliadis, 2002, p.85). Another point of view however is presented by Prinzhorn, who is unsure whether horror vacui is a fear of empty spaces or an unrestrained desire to express one’s personal experiences. He offers the notion that the empty spaces actually stimulate the patient-artist to create further (Prinzhorn, 1922, p.42, p.233). Yet a third view, this one by Arnheim (1986), holds that the artistic medium serves as a material substitute for the menacing external reality. Because the medium is seen as passive, it tempts the patient-artists to become active, expressive, urging them to use it to its fullest potential. This is one reason why psychotics often try to cover the whole surface of the working medium whether it be paper, or canvas (Arnheim, 1986, p.50).

2.4.7 The tendency to use unreadable symbols

Unfathomable symbolism is a characteristic first noted by Lombroso and later discussed by Rennert (Marinow, 1972, p.25). A symbol has been defined as an object that pertains to something else but not to itself, and used therefore only in connection with another object or concept (Reitman, 1954, p.21). Symbols can function in a variety of ways. They may have specific known meanings which are familiar to most people, such as the work of Sonnenstern (Fig. 16) which portrays various animals and buildings as well as a crown and a planet, and Walla (Fig. 33) who often uses the swastika to symbolise the female, and the hammer and sickle to symbolise the male. Patient-artists may even create new symbols of a highly personal nature, like Costas Armenis (b.1964), who uses star-like forms and round forms with protrusions (Fig. 41 [Hellenic Culture Organisation, 2004, p.284, illus]) or the symbols used in the architectural drawings of Achilles G. Rizzoli (1896-1981) (Vassiliadis, 2002, p.88; Prinzhorn, 1922, p.237, McGregor, 1992, p.55). In Fig. 42 (Billig, 1973, p.18, illus) the melting human body symbolises the destructive tendencies of the creator (as explained by the patient-artist himself) (Billig, 1973, p.15). In these situations the viewer is unable to discern the meaning of the symbol unless he/she is guided by the patient, who plays the role of the interpreter (Cohen, 1981, p.17). Reitman found that the use of symbols is also present in artworks by patients from Mexico, Egypt (which displays a variety of animals) and India (where there are religious symbols such as the lotus and the snake) (Reitman, 1954, pp.30-36).

The philosopher Suzanne Langer supports that the creation of symbols is a primary urge for humans, much like feeding. She sees it as a basic ongoing mental process that exists in society and takes place in various human activities, artistic or not, such as learning, customs (which are used in popular culture) or religious

ceremonies (where they have a predominant role). This notion is also supported by Prinzhorn (Eckardt, 1991, p.624; Prinzhorn, 1922, p.26). In psychotic creation symbols may take on a kind of magic significance and may be associated with abstract or metaphysical notions, or used as metaphors (Schmidt, Steck & Bader, 1961, pp.38-40; Prinzhorn, 1922, p.84).

Freud believed that symbols usually stem from conflict in the unconscious and are substitutes for this conflict, which would be unable to be expressed through different means (Reitman, 1950, p.131). He also believed that the role of symbols in art is similar to their role in dreams, to disguise the real meaning from the person by substituting it with the symbol, reducing thus the levels of emotional intensity (Cohen, 1981, p.23; Pickford, 1968, pp.181-182).

The famous psychoanalyst Carl Jung offered the notion that symbols derive from the primal part of the unconscious called the pre-conscious (the part of the personality containing information people can only access if they try) (Pervin, 1993, p.72). This is where various pre-conceptual fixations derive from, ones that cannot be depicted in their current state and therefore are concealed behind symbolic forms which take on all the importance. Symbols may thus lessen distress, render some clarity and also act as a cleansing agent (Reitman, 1950, p.136; Dallin, 1986, p.138; Prinzhorn, 1922, p.27). Jung also believed that the creation of symbols can be associated with the primary process (section 2.2.2) which tends to give birth to archetypal images (section 2.2.8), ones that are presented as recurring symbols (Cardinal, 1972, p.49).

In many compositions there is a notable dominance of symbols over other design elements (they are often enlarged), and this superiority has been attributed to the disruptions in the thought processes often encountered in psychotics (Reitman,

1950, p.24). Often symbols are seen as declarations of feelings related to aggression, fear, anxiety, and sexuality, and they are used as a shortcut between ideas and their concrete forms in paintings (Cohen, 1981, p.17). Deri notes however that one problem that may arise in psychosis with regards to symbolism, is that patients do not have the basic modes necessary to compile a collection of information from the pre-conscious, resulting in disruptive communication from the id (the source of the drives which seeks pleasure and avoids pain) (Pervin, 1993, p.77) to the preconscious data (the data a person can remember only upon trying) (Pervin, 1993, p.72). Due to this, patients are left with unstable and distorted references in their compositions (Carney, 1986, pp.32-33). The use of symbols combined with pictures and text in an attempt to best describe something (that Strobl calls “schizophrenic concretism”), is seen often in psychotic works (Strobl, 2008).

2.4.8 The use of symbols in art therapy

Due to the essential need for psychotics to create symbols, their use has been extensive in the field of art therapy where they have been used to resolve problems concerning separation, by releasing feelings which have been concealed or even lost. In this case the work of art is said to transfer these feelings to the symbols used in the compositions enabling psychotic patient-artists to comprehend these issues and come to terms with them. Examples of this are: a schizophrenic Puerto Rican patient who created symbols in his therapy sessions without valuing them as art objects but purely as symbolic illustrations of his emotions and his needs; and a female patient who constructed symbols to represent her recently attained sense of expression, using them as substitutes for her feelings of loss and separation (Cohn, 1984, pp.29-34). Another example is of a five-year old schizophrenic girl from an art-therapy programme who

used flowers and spiral forms to insinuate growth and progress, two triangles in order to substitute what seemed to her the illusion of the maternal phallus, and water (which allegedly connoted her repressed feelings and expressive desire) (Sikelianos, 1975, p.144, pp.151-156).

2.4.9 Summary

This section has looked at the principles of design as they affect the overall structure of a composition in the artworks created by psychotics. The most important ones were the tendency toward order (which often culminated in balance through the use of symmetry), along with distortion, simplification, and repetition of forms. Other characteristics were the urge to decorate the composition, the use of text, symbols, and the urge to fill in the whole of the working space. Once again we can see that some of these characteristics have been observed in compositions of previous historical periods. For example order (and sometimes symmetry) is found in stain glass designs of the eighteenth and nineteenth century while distortions and repetitions of forms or stylisations are found in Byzantine artworks and Orthodox religious iconography, which often also includes text. Symbols are used in religious compositions of the Middle Ages and the Renaissance. Once again therefore we can see that many of these principles of design are not unlike ones used in artworks before the twentieth century, and have also been used extensively by twentieth century artists. The next section will investigate the content of psychotic artworks and attempt to identify recurring themes.

2.5 Common themes in subject matter

After the investigation of the various stylistic characteristics the next issue concerning the art of psychotic patients to be examined will be subject matter. According to Prinzhorn, since psychotics are known to be self-centered, a lot of their art revolves around information and obsessive ideas they extract from their environment which they modify and mold into new and more productive eidetic images (see page 124) (Prinzhorn, 1922, p.39). The eidetic images born out of this process are the main source of their configurations making the process very personal, as these are the ideas (instead of universal ones) used to reconstruct the world. They are based more on concepts than environmental observations and may be difficult to examine on a logical basis as they often arise from the unconscious (see page 123) (Schmidt, Steck & Bader, 1961, p.17, p.53; Douglas, 1996, p.40; Prinzhorn, 1922, p.39). Cameron found that psychotic patients also demonstrated a phenomenon called “over-inclusion” which meant that they were unable to exclude information which was either irrelevant or slightly relevant to the idea at hand (Reitman, 1950, p.42). In many compositions, objects or situations are related not in terms of time and space but in terms of the emotional significance they hold for the artist (Reitman, 1950, p. 44). The emotional content of the artworks is sometimes unified (Prinzhorn, 1922, p.245) while other times it may be contradictory (Reitman, 1950, p.44). The following section will examine some common topics of depiction in the subject matter of Psychotic Art.

2.5.1 The depiction of nature as content

One main category of subject matter for psychotic art is the representation of objects from nature such as animals (Fig. 14), or landscapes (Fig. 43 [Vasiliadis collection, Kabitsis, 2005, photograph]) which may sometimes be altered (either with regards to their colours, stylised, or portrayed with confusing and unclear emotions). Prinzhorn noted that patient-artists who do not have prior training in drawing usually combine these elements with a high degree of individual information and personal impulses, making the work more eccentric, as witnessed in the above two figures (Prinzhorn, 1922, pp.60-61).

One other image that recurs in psychotic artwork is that of a tree (Figs. 43, 27, 17) which has appeared as a symbol continually throughout the course of history. A number of theorists propose that the tree as a symbol has its roots deep in the human soul. Hammer for example, believes that the drawing of a tree is actually a self portrait of the person, a depiction of their inner self. Jung claimed that it portrays the “persona” (the appearance a person presents to the world and may change according to the situation [Pervin, 1993, p.148]). Burns noted that others see it as a simple object upon which the person may instill many of the most unfavourable features of their personality. Even though the tree image was seen for a long time as a depiction of progress, in the twentieth century it started to be used as a portrayal of self-image even for clinical diagnoses. Frequently, the way the tree is drawn (for example the space it occupies on the page or the distinctive characteristics it may have) indicates the notion that a person has of him/herself (Morris, 1995, p.118). In a study by Morris (1995) it was observed that many schizophrenic subjects drew disintegrated trees, either falling down, being cut down or with no branches and small trunks, projecting in this way a poor self-concept (Morris, 1995, pp.120-124).

2.5.2 The depiction of human forms and faces

It is frequently observed in works that there are disparate parts which are not in their normal context, such as human limbs (Fig. 44 [Hellenic Culture Organisation, 2004, p.175, illus]) or animal trunks which are regularly scattered around compositions. This concoction of meaningless and isolated images is a major characteristic of subject matter in Psychotic Art as it alludes to the chaotic thought processes caused by disturbances of thought patterns encountered in such patients (Cohen, 1981, p.18; Reitman, 1950, p.62). Since there is often a deconstruction of the personality of the patient, which manifests itself in a confusion of the image of his/her own body, the result is the fragmentation of the image itself. This is the reason we often find separate limbs, heads, and bodies with pieces missing, or fusions of parts as seen earlier (Reitman, 1950, p.62). Another reason for this fragmentation is that each fragment becomes autonomous and becomes a representation of the whole as well as of itself (a process called “prelogic-predictive thinking”) (Strobl, 2008). Sometimes there may be images of condensed subjects (such as compound figures which may be part animal-part human) or ones with numerous heads or limbs (Reitman, 1954, p.25).

Another common feature in psychotic compositions is the human face (Fig. 17, Fig. 22, Fig. 23, Fig.26, Fig. 32). It has been observed however that psychotics draw or paint human faces in an obscure manner so that they are puzzling with regards to the character or feelings of the person depicted, and the viewer does not get enough information about the person in the drawing (Kris, 1952, p.110). Other times faces can obtain special meanings or symbolisms leading to grotesque distortions such as the faces in Fig. 45 (Hellenic Culture Organisation, 2004, p.251, illus). It has often been observed in drawings of psychotics that objects and impressions acquire human faces. This process of animation is a product of a ‘living’ interaction with the

environment, which seems to project the psychotic's own experience (Strobl, 2008). A study by Lev-Wiesel and Shvero (2003) noted specific facial features that were interpreted as signs of aggression such as darkened eyes or eyebrows, a moustache or beard, and prominent nostrils (Lev-Wiesel and Shvero, 2003).

Images of faces have also been widely collected in the Museum of Images of the Unconscious in Brazil (section 2.1.10). The works in that museum (which include paintings, drawings and sculptures), are mostly self-portraits, and they have been produced by institutionalised psychotic patient-artists. Certain patients, such as the one known as Raphael, drew faces in which the eyes did not look towards the viewer but looked elsewhere, or they were closed or sealed or obscured by decorations. This has also been seen in the work of Aloise (a Swiss patient mentioned above), who has occasionally described her figures as wearing 'glasses'. Her figures seem to be both staring and blinded. Another patient, Lucio, originally created figures of warriors partaking in battles but after his lobotomy he resorted to creating faces or busts without any degree of emotional intensity, like the sculpture in Fig. 46 (Echols & Mariarosa, 1997, p.54, illus) (Echols & Mariarosa, 1997, pp.52-54; Rhodes, 2000, p.80; Maizels, 1996, p.47).

The depiction of faces is also observed in recurrent works by Edmund Monsiel (1897-1962), a polish schizophrenic sufferer. His earlier works were mostly portraits of Jesus, while his later works became more threatening in their obsessive illustrations of distorted and hideous faces some of which bare their teeth. Most of these works (which may actually represent hallucinations) are completely filled with faces wearing mustaches (Fig. 47 [Kepinsky, 1994, p.41, illus]), in true horror vacui fashion, some of them seemingly giving orders or signaling to the viewer, others just looking out at

them. Overall, his subject matter is very restricted (Kepinsky, 1994, pp.39-41; Rhodes, 2000, pp.113-114; Maizels, 1996, p.59).

2.5.3 The depiction of religious content

The depiction of religious beliefs is another common theme for Psychotic Art. Kris adds that many artworks by psychotic patient-artists are connected to God as the patients sometimes see themselves as his opponents and other times as his instruments (Kris, 1952, p.166). Many artworks exhibit church related themes some of which indicate the artists' attempts to tackle religious issues in their own way, frequently utilising their own symbolic inferences (Fig. 48 [Psychiatric Hospital of Thessaloniki, 2002, p.31, illus]) (Prinzhorn, 1922, p.241). In this figure we can detect a number of personal symbols (such as the bird and the tree). At times, artworks that have an overall religious character may also be simultaneously related to sexual desires and fantasies, such as Fig. 49 (Hellenic Culture Organisation, 2004, p.77, illus) (Prinzhorn, 1922, p.90). This work has a definite religious theme (the crucifixion) which has been distorted sacrilegiously, as the main crucified figure is a nude woman, giving it an apparent sexual twist.

Religious subject matter is also evident in the works of Peter Moog who is one of the schizophrenic artists discovered by Prinzhorn. His paintings are carefully made and include a wide variety of religious symbols arranged in a highly independent manner (Prinzhorn, 1922, p.149). He tends to depict well known religious themes from the Bible such as the Pieta, the Last Judgment, or *Altar with Priests and Madonna* (Fig. 50 [Prinzhorn, 1922, p.149, illus]) and names them appropriately. The images in the works are organised in specific areas and their assortment resembles stain glass windows of a church, as they have a highly narrative character. Another

obvious characteristic in this composition is “horror vacui”. Finally, one more patient-artist who often uses the image of a specific manifestation of the Virgin Mary (called the “Immaculate Virgin”) is Martin Ramirez, who has been mentioned previously. This image has different meanings depending on the context in which it is portrayed, as it is found in Mexican but also Native American cultures (Morris, 1995, p.43).

2.5.4 The depiction of a personal world (fantasies-hallucinations)

The imagery of Psychotic Art usually occurs during the actual process of the psychosis and often depicts the existence of a personal world (in which the patient-artist lives) often very removed from everyday reality. This may consist of themes and fantasies dealing with relationships with the mother or the family (which are mostly developed during infancy), as in one young patient whose fantasies can be distinguished into five themes: the first one has to do with the patient’s mother and his relationship towards her (showing a tension between the two); the second one deals with her indifferent feelings toward him and the lack of attention she exhibited towards him at a young age; the next theme alludes to libidinal desires, especially sexuality; the fourth theme concerns the illness of the patient’s mother and the help he offered her during her illness; the fifth depicts various sport games and competitions which took place within the patient’s family. It has been noted by Pickford (1968), who conducted the study, that the works depicting the first two themes are more related to latent or concealed information as has been mentioned above, while the works dealing with the latter themes have been transformed in ways which are similar to dream processes (Pickford, 1968, pp.169-182).

Another example of the existence of a personal world is the depiction of hallucinations such as Fig. 51 (Marinow, 1971, p.45, illus) in which the patient describes how the voices he hears are like the sounds made by the trees in the wind (Marinow, 1971, pp.45-47). A hallucination is also depicted in Fig. 52 (Prinzhorn, 1922, p.82, illus) by a patient who was an old butler, portraying his anxieties about hell and the punishment of an unnamed woman. Lev-Wiesel and Shvero (2003) found that some psychotic patient-artists created self-portraits with a specific intonation or prominence of the ears, which was believed to be indicative of auditory hallucinations. Winnicott's analysis of the works of a six year-old child (that exhibited psychotic content and form) has also identified the presence of hallucinations or delusions in the work of schizophrenic children (Henley, 1994, p.99).

In some hallucinations we encounter a mix of erotic and religious ideas which are perhaps indicative of the fact that many patients are attempting to achieve perfection, purity and completeness. In this case they may be seen as an idealisation of their lives (Prinzhorn, 1922, p.242). Sometimes they contain dark, macabre or menacing subject matter related to violence and death, such as the work of Yevgeniy Sukhachev (Fig. 45) which consists of melting or disintegrating human forms. The faces are often depicted in pain or as death masks, and they have a monstrous, even demonic, appearance.

Prinzhorn has pointed out that depictions of hallucinations are rare. One reason he gave for this is that the topics that appear in hallucinations are conceived as phenomena with special significance and a deep personal meaning connected to the ego of the patient. Thus their value is not based on their connection to reality but on their importance as signs, apocalyptic forecasts, or divine disclosures of events. This

importance deems their depiction unnecessary. For that reason, hallucinations may sometimes be depicted years after their occurrence, which is logical, since their importance may have diminished due to the course of time (Prinzhorn, 1922, p.243). Another reason why patients rarely portray their hallucinations is that while hallucinating they are in a very removed state from which it is difficult to communicate with others and to express themselves through language or artwork (Marinow, 1971, p.45).

2.5.5 The depiction of magical, ritualistic or mythological themes

One more prevalent aspect in the subject matter of psychotic imagery is the depiction of magic and ritual. This can be seen in the artwork of Welz (Fig. 53 [Prinzhorn, 1922, p.201, illus]) entitled *The Napoleon-Curve*, where the patient depicted the places in central Europe that were of importance to Napoleon's campaigns, claiming that if the path was traced one would be able to understand the general's behaviour (Prinzhorn, 1922, p.200). Another example is Edmund Monsiel (Fig.47) whose art helped defend him (according to his beliefs) against threatening forces and fears (Rhodes, 2000, p.114).

Kris notes that patients use magic to metamorphose the outer world (Kris, 1952, p.169). According to Freud and the psychoanalytic school, the use of magic is an attempt to solve contradictory feelings by either active ways (ritualistic activities which may include the act of painting itself) or passive ones (such as the use of magic charms and other objects). Psychotic patients are believed to have adopted magic and ritualistic ways of thinking due to the impairment of their thinking capacities (especially those regarding concepts or categories) (Reitman, 1950, pp.44-47). Cohen

points out that psychotic patient-artists use magic in order to adapt to their changing world so that they may blend into it (Cohen, 1981, p.18).

A related topic commonly observed in psychotic subject matter is the portrayal of mythological themes. This can be seen in the work of Carlos (another patient whose work is exhibited at the Museum of Images of the Unconscious) which contains mythological elements, such as priests struggling against snakes (an impersonation of danger) (Echols & Mariarosa, 1997, p.56). Another work exhibiting mythological symbols can be seen in Fig. 54 (Vasiliadis collection, Kabitsis, 2005, photograph) in which there are allusions to mythology as one of the figures is a reference to the medusa (the mythical monster with snakes in the place of hair), the animal with seven heads (reminiscent of the nine-headed snake that fought Hercules in Greek mythology) and a figure with a prong (reminiscent of the god Poseidon).

2.5.6 The depiction of women and sexuality

One recurrent subject evident in the work of many psychotic patient-artists, whether those are male or female, is the depiction of women. In some of these compositions the portrayal of women is ambiguous (Figs. 17, 26) in that they seem to be inanimate entities expressing non-specific emotions. In others they are portrayed as instruments of sexual desire (or frustration) as in the work by Aloise (Fig. 25) or Figs. 32, 49 where they are depicted nude. The work of Aloise specifically betrays feelings of very effeminate, almost stereotypically girlish, eroticism (MacLagan, 2000, p.67).

Another artist whose work is flooded by images of women (especially young blond girls) is Roland Wilkie (b.1939), who claims to have admitted himself to the institution in order to restrain homicidal urges toward little girls, with whom he is

obsessed. In some artworks he presents himself as the guardian of these girls, while in others he himself is the threat. One typical characteristic is the fact that all the girls in his works are nude, making obvious the rampant sexuality exhibited in his artwork (Shriqui, 1998, pp.57-59; Rhodes, 2000, pp.110-111). In contrast, a female patient who often depicts women in her subject matter is Vasiliki Kalaitzi (b.1947). In her compositions women are portrayed as ethereal beings with an almost spiritual significance (Fig. 21).

2.5.7 The depiction of institutions and machines as instruments of control

A determining factor for a lot of the subject matter in Psychotic Art is also the fear, intimidation and paranoia felt by patients with regards to authority and especially towards their institutions which they view as instruments of control. One example of this is the obsessive depiction of the same institution repeatedly (from the same angle and perspective) by a patient named Karl Gustav Sievers, in a psychological attempt to bring it under his sovereignty. One more artist to present similar subject matter is Franz Joseph Kleber, whose drawings are an effort to impair the institution which confined him by exposing its architectural plans (Douglas, 1996, p.44).

A related idea surfacing in works by psychotics is their own control by machines or radio waves, for which the psychoanalyst Viktor Tausk used the term “influencing machine”. He described these as being outside the patient’s technical knowledge and operated by unknown enemies (Mindhacks, 2008). These machines were associated by Freud with notions of escape (Douglas, 1996, pp.44-45). An example of this is the sketches by James Tilly Matthews (section 2.1.2) of a cellar-like machine resembling a small fortress where he believed he would be imprisoned and tortured by his enemies (Fig. 55 [MacGregor, 1989, p.35, illus]) (Mindhacks, 2008).

The Swiss patient Heinrich Anton Muller (see page 131) also frequently constructed large-scale machines, in three-dimensional form, whose goal was perpetual motion (Maizels, 1996, p.50). In a related study by Henley (1995) the sketches of two ten-year-old children revealed notions of power and control. One of their drawings (Fig. 56 [Henley, 1994, p.103, illus]) depicts two children who are under the control of a corrupt genius who sends radio waves out to them through a special high technology machine in order to chastise them, whilst sending special waves out to the girl, punishing her with orgasms (Henley, 1995, p.102).

2.5.8 The depiction of cephalopodes

A specific image that often recurs in the work of psychotic patient-artists is the cephalopode (named after the Greek word ‘cephali’ meaning ‘head’ and ‘podia’ meaning ‘legs’), a figure composed of a head with protruding limbs, excluding the torso (Fig. 57 [Hellenic Culture Organisation, 2004, p.245, illus]). In the above figure (which is quite possibly a hallucination due to its utterly bizarre subject matter) we witness a committee of cephalopodes gathered around a conference table along with other ambiguous imagery. These creatures have been attributed to the characteristic of many psychotics to condense their subject matter (thus merging head and body). Halbreich and Assael (1979) have explained the notion that the head of a cephalopode takes on the identity of the whole person, delineating both the physical and the spiritual, and may also symbolise possession of magic powers and control (Halbreich & Assael, 1979, p.19). Usually these personifications take place when patients have grossly distorted notions of their bodies, often the center of their existence, a view also shared by Reitman (Reitman, 1950, p.39). These distorted

notions take place only during certain stages of the disorder and assist patients in their quest for power (Halbreich & Assael, 1979, p.21).

2.5.9 The depiction of water

Another theme repeatedly observed in many works by psychotics is the presence of a large body of water, such as a lake (Fig. 43) or an ocean (Figs. 28, 32) which may take on various manifestations depending on their meaning. A lake may propose a tranquil and happy mood while a stormy sea may suggest an aggressive and troubled mood (Wittels, 1982, p.177). One researcher, Hall, indicates that water may have different meanings when perceived as a negative as opposed to a positive symbol. In the first case it may represent the unconscious as a dark, dangerous world where a person may perish, lose their soul, or succumb to psychosis. A study by Lubart (1985) presented the ocean as a symbol of the womb representing the fear of returning to the womb and thus losing the self (Lubart, 1985, p.39). When perceived as a positive symbol it may depict the person's self as a place where the personality is reborn and may also signify purification (Wittels, 1982, p.178). Some of the drawings in a study by Wittels (1982) contain boats and large bodies of water in strange spatial relationships, a detail that has also been observed in the latter two figures. This phenomenon can be attributed to deficits in spatial conceptions or may represent an effort to sustain balance between the person's ego (see page 52) (the boat) and the unconscious (see page 123) (the ocean), as psychotics often fear the overflow of their ego by stimuli and thoughts stemming from the unconscious (Wittels, 1982, p.180).

2.5.10 The number three

A characteristic of subject matter which is also repeatedly encountered in Psychotic Art, in accordance with Levinson, is the recurrence of the number three. This occurs when objects are depicted in groups of three or the space in the composition is divided into three areas. Bettelheim explained this in terms of contradicting emotions concerning topics of dependency or separation, while Minuchin and Bowen have explained the recurrence of the number three in terms of family structure or the emotional base within a family. Glenn points out that it may indicate the family structure, or the mother alone, or even death, a notion also supported by Freud concerning dream sequences (Levinson, 1986, p.104).

It is interesting to note that specified subject matter has been used in art therapy in order to restore or reactivate certain functions which seem to have become impaired due to the psychosis. Sometimes the patients' need for supervision and guidance favours structured activities over free symbolic expressions. In one such guided activity designed by Lubart (1985), patients were asked to draw an ocean, a machine and a musical instrument in an attempt to bring out feelings and emotions to the surface (Lubart, 1985, pp.37-42).

2.5.11 Summary

To summarise, the themes of much of the content of Psychotic Art consist of nature (especially trees), the human form, the human face, religious scenes, and fantasies or hallucinations. Some of them also focus on rituals, magic, or mythology. Another prevalent theme is also women, along with institutions and machines representing control. Finally, there is a high prevalence of portrayals of cephalopodes, bodies of water and triadic assortments. As we can see, there is

nothing distinctive in the subject matter of psychotics (except perhaps cephalopodes), the themes being encountered in numerous artworks, both mainstream and ‘marginal’ (this term will be discussed in Chapter 4).

The three important ideas that stem from this chapter are: firstly the introduction of the concept of Psychotic Art which lends credence to my whole practice-led experiment; secondly, the influence of the psychological (and psychopathological) processes on artistic creation, which links the creative process with the psychotic process at a basic, yet subliminal level; and finally, the prevalence of characteristics in the art of psychotic patients, some of which may partly reflect psychological procedures and symptoms, a personal rendition of which, I will use in the construction of my own creative process, which is the culmination of this art-oriented project.

This chapter has surveyed the history of the concept of Psychotic Art as it has advanced during the last two centuries of theoretical development. It began with the first works of psychotics to be reproduced and progressed steadily through the rise of psychiatry as a science in the nineteenth and twentieth centuries. It has also looked at the medical interest shown in this art, initially by prominent psychiatrists of these centuries who exposed it to the public. It is evident from this chapter that psychiatric interest was crucial to the embedding of this concept in mainstream art, since, if this interest had not existed, the art of psychotics may have lay hidden away in storage rooms of hospitals (in the best case) or destroyed (in the worst case), destined never to see the light of day. Another prominent observation is the continual need of psychiatrists to classify these artworks by repeatedly trying to categorise them, perhaps in an attempt to better comprehend them. The connection with the art world occurred through various psychiatrists who were also artists, or interested in art, and

the concept of Psychotic Art began to be explored from an artistic point of view. This brought Psychotic Art into the lives of people who had nothing to do with psychology or medicine, where it was identified as another, alternative, form of artistic practice. The same may possibly also be inferred from many of the similarities in the characteristics of the art of psychotic patient-artists with art of previous historical periods.

From the investigation of the second type of interaction, of art with psychosis, we can conclude that the influence of art on psychotic patients is not specific but may be similar to the influence of art on other factors, such as for example dreams or alternate states of consciousness (like the ones induced by chemicals). We have found however that the importance of art for psychotics may be different to that of non-psychotic creators or at least more profound, as it is a more personal affair without concern for an audience. In this respect it may also be a form of therapy and therefore used as a therapeutic tool (as in the relatively recent and expanding field of art therapy). Sometimes, the introduction of artistic practice to a psychotic patient (even if it is for therapeutic purposes) may lead to increased creativity. The next chapter will investigate the results of a third interaction, the influence of psychosis on pre-existing artistic practice, therefore examining the relationship between the two factors in the opposite order.



Figure. 12
Untitled



Figure. 13
The miraculous shepherd



Figure. 14
Untitled



Figure. 15
Head of a witch



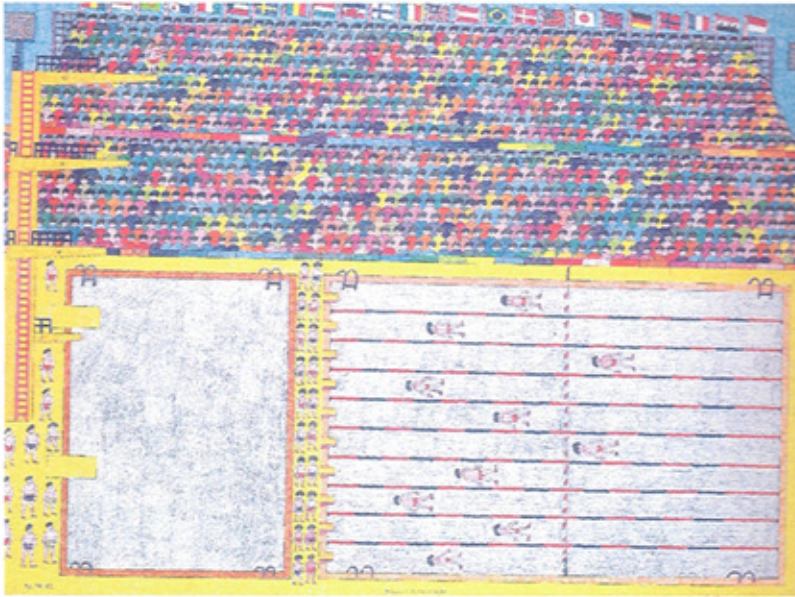
Figure. 16
The magic fish



Figure. 17
Untitled



Figure. 18
Untitled



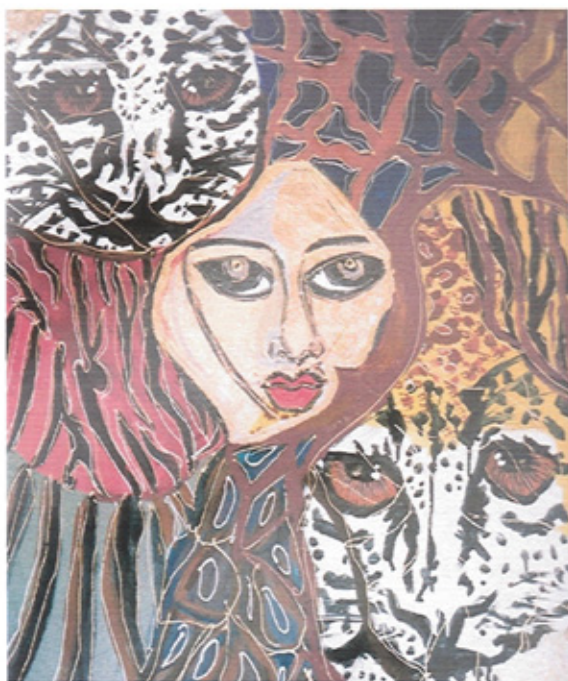


Figure. 23
Untitled



Figure. 24
Untitled



Figure. 25
Dress of love and pomegranate



Figure. 26
Untitled



Figure. 27
Untitled



Figure. 28
Untitled



Figure. 29
Untitled



Figure. 30
General view of the island



Figure. 31
The hare



Figure. 32
Untitled



Figure. 33
Untitled



Figure. 34
Open market

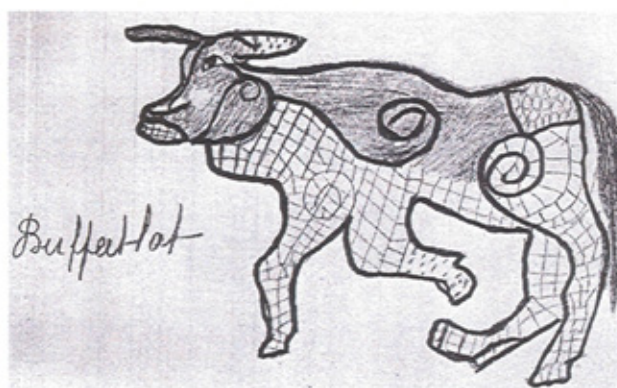


Figure. 35
Untitled

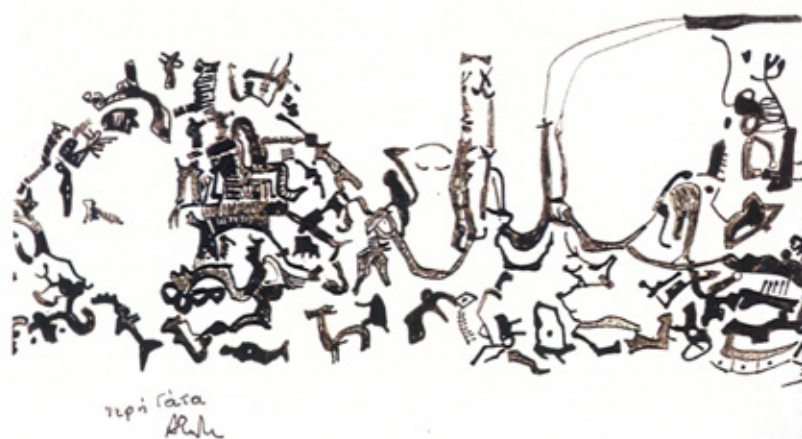


Figure. 36
Untitled



Figure. 37
Untitled

Figure. 38
Untitled



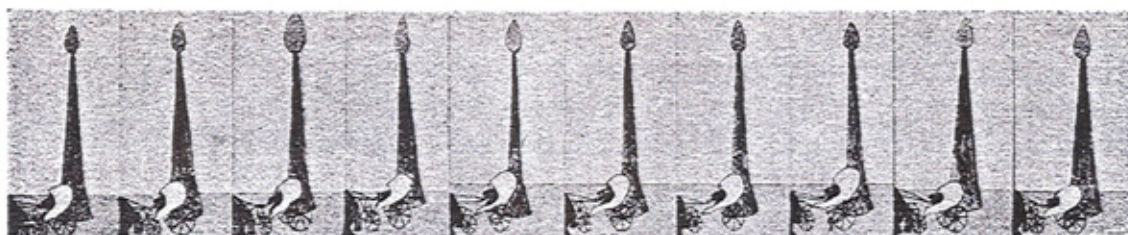


Figure. 39
Carriage and tree



Figure. 40
Untitled



Figure. 41
Ark series 2000-2002



Figure. 42
Untitled



Figure. 43
Untitled



Figure. 44
Untitled



Figure. 45
Untitled



Figure. 46
Untitled

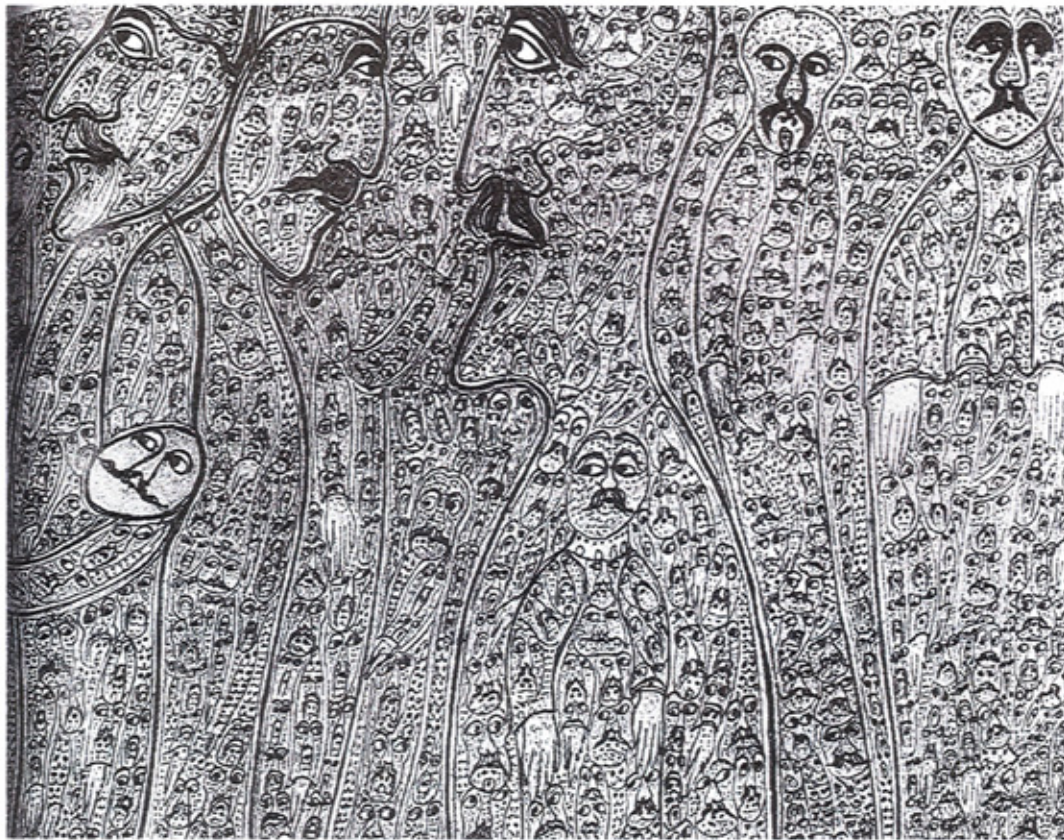


Figure. 47
Untitled



Figure. 48



Figure. 49
Untitled

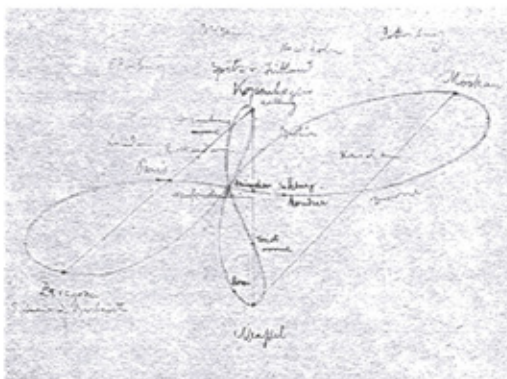
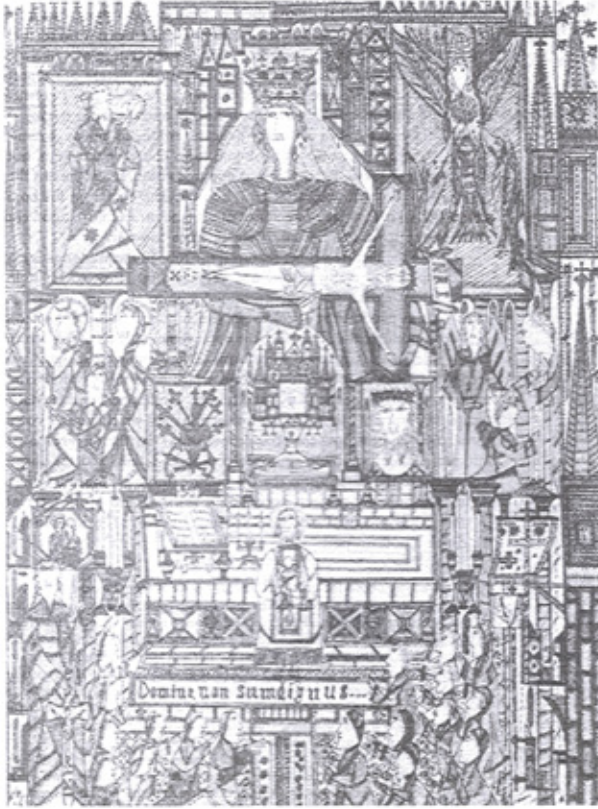




Figure. 54
Untitled

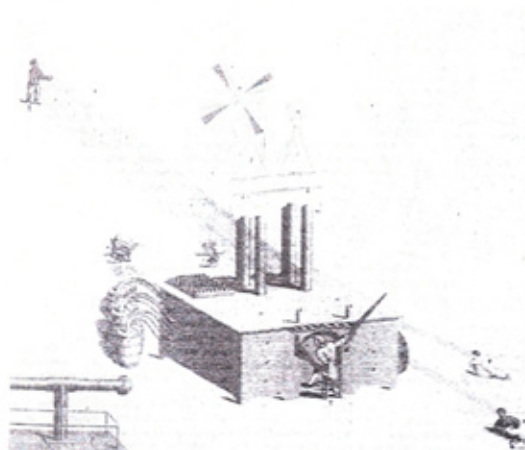


Figure. 55
The place where the assassins meet



Figure. 56
Untitled

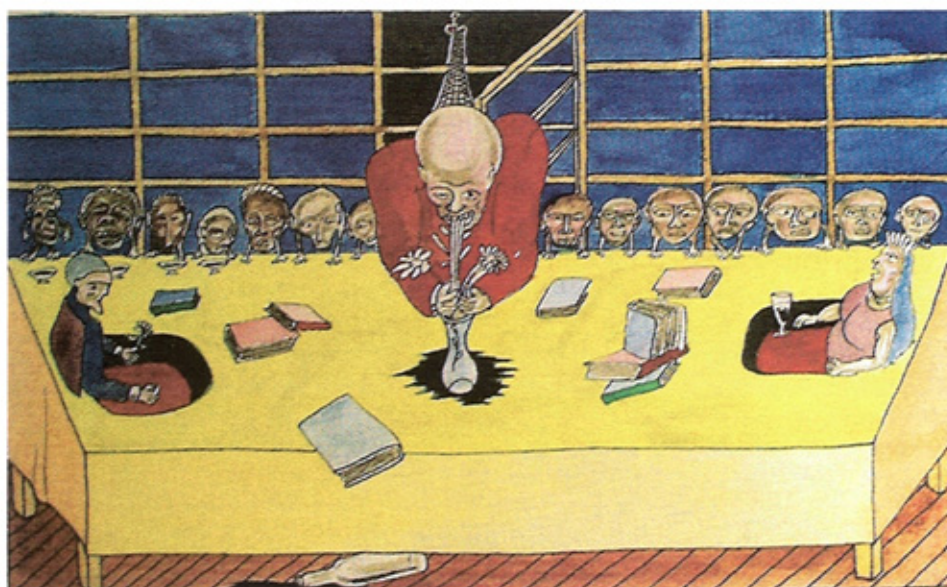


Figure. 57
Untitled

Chapter 3: Psychotic Artists

(the artist-patient)

This chapter will examine the third distinct type of interaction between art and psychosis, the effects of psychosis on artistic activity. I will investigate this interaction by looking at the work of artist-patients (who were formally trained) previously to their disorder, and comparing it to the work they produced after the onset of the disorder. Thus I will be examining the two factors in reversed order to the previous chapter: artistic creation first and psychosis second, as in these individuals artistic production preceded psychosis. The relationship between psychosis and the creative process of artist-patients has frequently been the subject of speculation as it is uncertain and largely depends on each individual case. The chapter will explore the influence of psychosis on the art of these trained artists, the outcome of which is mostly determined by the works produced after the onset of the disorder.

3.1 Previous categories of the influence of psychosis on artists

The general influence of psychosis on artistic ability is not specific. As we will see in the following sections it can vary in degree from insignificant to severe.

This influence however has been an ongoing debate for years within the topic of Psychotic Art. The one side is composed of people like Dr. Alfred Bader who believe that mental illness does not modify artistic creation (Cardinal, 1972, p.20). On the other side there are examples of artworks of patient-artists and artist-patients during their psychotic phases which are markedly different from those they create when not in a psychotic phase. Three examples of works by patient-artists are Fig. 58 (Vassiliadis, personal archives, 2008 [illus]), Fig. 59 (Vassiliadis, personal archives, 2008 [illus]) and Fig. 60 (Vassiliadis, personal archives, 2008 [illus]). The top image from each of these figures is a drawing of a patient (these drawings were part of Navratil's collection) while that patient was not in a psychotic state. The bottom image of each figure is a drawing of the same patient who created the top image, during a severe psychotic episode. In each case there is a stark contrast between the organised, realistic human form on the top drawing and the disorganised, vague and abstracted picture on the bottom, indicating at least an occasionally strong impact of psychosis on artistic creation. Sometimes thus, the disorganisation of thought can lead to disorganisation of content (as seen in Chapter 2).

According to Kris, the specific parts of the ego where creativity springs from may be, in some trained artists, uninfluenced by psychosis. As a result, artistic ability may remain intact even during a severe psychotic incident. At other times however, these same artists may lose some of their technical ability (Vassiliadis, 2002, p.83; Ulman & Levy, 2001, p.90). For this reason he distinguished four categorical relationships between psychosis and art. Kris created these categories possibly in an attempt to show that the influence of psychosis on creativity does not yield standard results. In the first category the disorder does not affect the work of the artist-patient, leaving his or her creative life separate from the psychotic condition. In this category

Kris placed artist Richard Dadd (1817-1886). The second category is where artistic activity is temporarily discontinued for periods of psychotic illness, but ultimately, the technical and conceptual abilities are not affected by the disorder. In this category he placed the surrealist Antonin Artaud (1896-1948). The third category of interaction concerns the type of artist-patient whose work is altered with the onset of the disorder, but regardless of the impact on style, the output of artworks remains connected to the artistic tendencies of the art historical period. According to Kris, examples of this category are Vincent Van Gogh (1853-1890) and Xavier Messerschmidt. The fourth category of interaction between artistic production and psychosis results, according to Kris, is a radical change of style that can be attributed mostly to the onset of the psychosis (Kris, 1952, p.94). In this category he placed the Swedish artist Ernst Josephson.³

It is important to note at this point that there are conflicting views on the life and artistic output of some artist-patients. In some cases (notably Albert Blakelock [1847-1919], Vincent Van Gogh and Louis Wain [1860-1939]) there are opposing views on the quality of their work after their psychotic breakdown. On top of that, the fact that the changes in the work of Van Gogh and Louis Wain have been attributed to their psychosis, has been disputed. There are researchers (we will see later in each case) who claim that the changes to these artists' styles were deliberate, conscious stylistic experiments within the context of Modernist artistic activity. This is of course entirely possible. In each case however, we have an artist who changes his style after an affliction by psychosis and it seems that the effect of psychosis on the

³ Weygandt also distinguished four possible relationships between psychosis and artistic activity, of which the first is the complete disintegration of artistic ability after the onset of the disorder. The second type of relationship actually uncovers a creative ability which had been latent for years (Reitman, 1954, p.65). The third relationship is where psychosis modifies artistic creation with regards to style and subject matter. Finally, in the fourth relationship psychosis does not in any way interfere with an artist's creative or technical ability (Reitman, 1954, p.68; Reitman, 1950, p.143).

work of each artist cannot be determined beyond a shadow of doubt, since psychosis often acts in indirect ways through its effect on human thought processes. In each case it will be impossible for me (perhaps for others too) to ascertain the exact reason for the change in the artistic style, especially knowing that psychosis does in fact sometimes alter ones artwork. Because of this degree of uncertainty therefore, I will assume, with the possibility of erring, that the changes in the artistic styles of these artists are due, at least partly, to the effect of psychosis.

The importance of the above categories seems to lie in the post-psychosis artwork of each artist and the alteration or non-alteration of this artwork compared to the artwork produced previous to the onset of psychosis. I have decided to combine Kris' first and second categories into one because in both situations the outcome is the same, namely the coexistence of artistic production and psychosis, without the latter exerting any visible influence on the former. Therefore, in my survey I will only include three categories which I shall now examine by looking at artworks of representative artists from each one.

3.2 First category: no change of style or subject matter

This merged category includes the works of artists who were not affected at all by the onset of the disorder, either with regards to perceived technical ability, style, or subject matter. Here psychosis and artistic production coexist harmoniously and the disorder does not impose upon artistic creation. In this category Kris asks us to look at two artist-patients, Richard Dadd and Antonin Artaud. I will also be looking at the American painter Ralph Albert Blakelock. All three seemed unaffected regarding their stylistic choices and the content of their work (as well as their talent and

technical ability as that is perceived by others), by the onset of the disorder, apart from periods of artistic inactivity (which were relatively short for Dadd and Blakelock but longer for Artaud).

3.2.1 Richard Dadd

Richard Dadd was born in Kent in 1817, and started to draw when he was thirteen years of age, after which, at twenty, he was accepted as a student at the Royal Academy School in London. Dadd's artwork at the Royal Academy (consisting mostly of landscapes and portraits) became greatly appreciated, and in 1842 he received a commission in the Middle East where he escorted his patron, Sir Thomas Phillips. During the trip he began to express hostility towards his patron, and an urge to assault the Pope. He was sent back to England plagued by delusions of persecution. The next year, withdrawn and highly agitated, he murdered his father and escaped to France where, after attempting to kill a stranger, was apprehended and placed in the Clermont Asylum. A year later he was sent back to England where he was imprisoned in the criminally insane ward at Bethlem until 1864, and then to Broadmoor where he stayed until his death in 1886 (Sommer, Motley & Cassandro, 1998; MacGregor, 1989, pp.116-117).

At both of the English asylums Dadd was often violent toward other inmates, whilst blaming demons for his erratic behaviour. He hallucinated visually and aurally hearing voices that told him to kill. It is important to note that while he was institutionalised, three more of his siblings were diagnosed as schizophrenic. At the institutions he was provided with art materials and encouraged to paint. He produced a large body of artworks although many of his paintings were given away to staff or lost (Sommer, Motley & Cassandro, 1998; MacGregor, 1989, p.117).

One of Dadd's paintings, *Caravan Halted by the Sea Shore* (1843) (Fig. 61 [Allderidge, 1974, p.80, illus]), completed prior to his institutionalisation, was examined by the press in order for them to detect elements of insanity and thus determine if signs of the disorder were present before the murder of his father. No such signs could be found however, except for a rather speculative interpretation that the restrained colour used in the work betrayed signs of the disorder, as the work was evidently at the same level as his previous work both in design and in technical ability (MacGregor, 1989, p.118). As with another contemporary work entitled *The Flight out of Egypt* (1849-50) (Fig. 62 [Vassiliadis, 2002, p.71, illus]), which also displays superior artistic talent untarnished by psychotic influence, there appeared to be at this time no visually significant impact of his psychosis on his art (Vassiliadis, 2002, p.70).

From 1852 to 1856 Dadd created a series of works entitled *Sketches to Illustrate the Passions*, comprising thirty-three works. It is possible that they were instigated by Charles Hood, a new doctor who arrived in Bethlem that same year. Hood's aim may have been to treat Dadd's disorder through some form of cleansing or emotional discharge. The reason for this speculation (discussed in MacGregor p.127) was that the subject matter of this series of works was related to powerful emotions, similar to the ones experienced by the artist at this time, and thus may have been utilised in order to encourage the artist to contemplate these emotions (MacGregor, 1989, p.127). An example of these works is *Madness: Skecthes to Illustrate the Passions* (1854) (Fig. 63 [Allderidge, 1974, p.95, illus]). Although the works in this series are related to each other in layout and subject matter, they differ to a great extent from his earlier works (MacGregor, 1989, p.134).

The works of the “Passions” series occupy a distinct position in the overall artistic activity of Richard Dadd, even though they may have been inspired by Charles Hood, as they exhibit some pictorial traits which may be associated with psychosis. Some of these attributes are the distinct ‘lack of passion’ in these works, observed in the frigid and disconcerting atmosphere that characterises them. Other traits are the two-dimensionality of space and form. Another work which may exhibit some attributes related to psychosis is *The Fairy Teller’s Master Stroke* from 1855-64 (Fig. 64 [Allderidge, 1974, p.131, illus]). Some of the characteristics noted by MacGregor in this work are the flatness of forms as well as the deterioration of space, together with the existence of small dots of paint inside many of the forms (MacGregor, 1989, p.129, p.140).

Another recurring subject matter in the works of Richard Dadd during his hospitalisation was portraits, mostly of patients or doctors present at the asylum, such as *Portrait of Sir Alexander Morrison* (1852) and *Portrait of a Young Man* (1853) (Fig. 65 [Allderidge, 1974, p.89, illus]) (MacGregor, 1989, p.131). Most of these artworks point toward a change of style, such as the position of the figure in the composition and the background (which are both unlike his earlier works). The figure appears distorted and elongated and seems to aim more toward the expression of emotions, than realism. The background is strange due to the choice of objects (such as garments, farm equipment and wild vegetation). All these elements together differentiate this portrait from ones of the Victorian tradition. According to MacGregor, these elements hint toward some sort of illogical mental procedures in the artist as well as a possible reaction to his surroundings (MacGregor, 1989, p.132). Overall, however, Dadd’s earlier work is not significantly different to his later work to justify a possible influence of psychosis.

There is also an opposing view however about the artworks of Richard Dadd, derived from a study by Sommer, Motley and Cassandro (1998). These researchers found that students (who were enrolled on an abnormal psychology university course) rated artworks of schizophrenic patient-artists (from the Prinzhorn collection) as higher in signs of psychopathology but lower in artistic training or intelligence than paintings by Dadd (both pre-hospitalisation and post-hospitalisation) which were in turn rated higher on pathology but lower in intelligence and training than other Victorian artists. They also found that Dadd's pre-hospital paintings were rated as exhibiting a lower level of psychopathology but a higher level of artistic training than his paintings after hospitalisation. Another finding was that the presence of colour in a composition led to higher levels of perceived psychopathology (Sommer, Motley & Cassandro, 1998). The impact of this study however is limited due to the inexperience of the subjects in the field of art and artistic expression. The next artist in this category is Ralph Albert Blakelock.

3.2.2 Ralph Albert Blakelock

Blakelock was born in New York City in 1847, and in 1864 he enrolled at the City College in order to become a physician. He left a year and a half later however, to pursue painting. After taking a few art classes at an institution stated only as Cooper Union, he began to paint landscapes, eventually exhibiting at the National Academy of Design. In 1869 and for the next three years, he travelled to the Western part of the United States spending time with Native American Indians, as well as to Mexico, Central America, and the Caribbean. Later, in 1877, he married Cora Rebecca Bailey with whom he had nine children. Despite his artistic genius, Blakelock was not competent at business transactions and this led to decreased sales

of his works as well as low prices. Around 1888, perhaps due partly to financial insecurity, he first began to experience psychotic delusions and in 1891 he was placed in the Flatbush Asylum, to be released shortly after. In 1899 he was taken to Long Island State Hospital and two years later to the Middletown asylum, which he left in 1916 under the custody of Beatrice Van Rensselaer Adams. Blakelock died three years later, still under the guardianship of Adams, who often tried to financially exploit his painting ability and is believed to have occasionally abused him physically (Davidson, 1989; Phillips Collection, 2008; Sommer & Cassandro, 2000; Wikipedia, 2008).

Blakelock's early works depict various moonlit landscapes, many of them obscured by mist, and displaying strong contradictions of light and dark. One example of his early work is *Moonlight, Indian Encampment* (1885-1888) (Fig. 66 [Davidson, 1989, p.58, illus]), where he also depicts another of his favourite early topics, American Indians. Another early example is *The Sun, Serene, Sinks into the Slumberous Sea* (1879-85) (Fig. 67 [Davidson, 1989, p.67, illus]). The exact same subject has also been painted after his hospitalisation (Fig. 68 [Davidson, 1989, p.67, illus]) and treated in a similar way (without any radical differences), despite the psychotic influence. One more characteristic work by Blakelock after his hospitalisation (the works from that period are mostly undated) is *Landscape* (Fig. 69 [Davidson, 1989, p.64, illus]) which portrays a familiar to him topic. This painting is different from Fig. 66 in that it portrays the woods as more of an unfriendly and unwelcome place than in the former piece, barren and empty. However, this change is not significant enough to justify a change of style or subject matter. A final work which diverts most of all (and some claimed this was an example of 'insane art') from his previous is *Reclining Figure* (Fig. 70 [Davidson, 1989, p.69, illus]) in which it

seems that the actual figure is the focus of the image rather than the landscape. It appears as a strange, eccentric portrait of the depicted female. McGregor (1989) also points out that Blakelock's later works are more colourful than his pre-hospitalisation works, indicating perhaps, at least in the eyes of some critics, a change in style (Davidson, 1989; McGregor, pp.158-160). Nevertheless, in my eyes the changes in style are overall not thorough enough to betray an influence of psychosis on Blakelock's art.

A similar study to the one conducted on the work of Dadd was also conducted on the work of Blakelock. Students from two psychology classes, an introductory class (which was seen as inexperienced in psychopathology) and an abnormal psychology class (seen as more experienced in psychopathology) were asked to rate paintings by Blakelock from three periods in his life. The first period (before 1885) was labelled "pre-breakdown", the second (1888-1889) as "breakdown" and the third (1890-1919) as "post-hospital". Both groups of students rated Blakelock's works from the third period as higher in perceived psychopathology than those from his middle period and those in turn higher than ones from his "pre-breakdown" period. They also rated his black and white images as higher in perceived psychopathology than his colour works. This last finding may seem as a sort of trend (as it is observed in Dadd's works too) and may be due to other unknown factors. The last artist in this category is Antonin Artaud (Sommer & Cassandro, 2000).

3.2.3 Antonin Artaud

The Surrealist Antonin Artaud was born in Marseilles in 1896. He first exhibited neurological problems when he was five or six years of age, possibly due to meningitis, and was hospitalised around 1915 when the symptoms of the disorder

returned. The next year he enlisted in the army and around 1920 his health finally improved (Hellenic Culture Organisation, 2004, p.294).

Around that time he moved to Paris where he indulged in a variety of creative activities such as painting, writing poetry and scripts for films, acting, and also made costumes and stage settings for theatrical productions. Around 1924 he entered the Surrealist movement and created a Surrealist theatre. In 1927 he created the Alfred Jarry theatre along with Roger Vitrac (1899-1952) and Robert Aron (1898-1975), and for the next few years (until 1936) he worked on a series of plays to be presented in “The Theatre of Cruelty”, which for him was a new kind of dramatic expression. In the early 1930s he also lectured at the Sorbonne University and was employed as assistant director in the Pigalle Theatre, while also performing in the cinema. It is interesting to note that Artaud accomplished these creative endeavours even though simultaneously he was experiencing severe physical and mental anguish and was heavily addicted to drugs (mostly opium), which were prescribed to him on account of his neurological problems (Hellenic Culture Organisation, 2004, p.294; MacGregor, 1989, p.282).

In 1936 Artaud went to Mexico where he was inducted to mescaline use by the Tarahumara Indians. After coming back from Mexico that year, he was institutionalised at Sainte-Anne for the next three years until 1939, then at Ville Evrard until 1943, and finally at Rodez where he stayed until 1946. During the first years of this institutionalisation he went through periods of autism where he was silent and utterly removed from his environment. His psychosis was documented by people who visited him at the institutions, where he experienced delusions of a religious and erotic nature along with radical mood swings (both common symptoms of schizophrenia) and was repeatedly treated with electroshocks (page 63). For the last

two years of his life, Artaud was a voluntary inpatient at the psychiatric clinic of Ivry-sur-Seine where he died in 1948 (MacGregor, 1989, pp.282-284; Hellenic Culture Organisation, p.294; Rhodes, 2000, p.84).

Artaud had first begun to draw while institutionalised in 1919, and created a number of drawings while at the asylum in Rodez, after years of severe psychological problems (between 1936 and 1943) during which he was unable to create art (Vassiliadis, 2002, p.72; Hellenic Culture Organisation, 2004, p.294). Some of the drawings from 1946 betray a troubled psychological condition, as they were connected to the religious and sexual delusions he was experiencing at the time, such as *L'execration du pere-mere* (1946) (Fig. 71 [MacGregor, 1989, p.284, illus]). It contains body parts and strangely abstracted forms, which are stylistic characteristics present in the art of psychotics (MacGregor, 1989, p.283).

Most of the drawings of that period however consisted of portraits, such as *Portrait of Colette Allendy* (1947) (Fig. 72 [Hellenic Culture Organisation, 2004, p.111, illus]) and *Portrait of Yves Thevenin* (1947) (Fig. 73 [Vassiliadis, 2002, p.72, illus]). Some of these drawings were in fact self-portraits, which betrayed his disintegrating mental state through the portrayal of his devastated appearance (MacGregor, 1989, p.283). It appears from these, that there are no significant changes in Artaud's style (except for Fig. 71). In addition, the technical ability of these latter drawings is evident even though they were executed after Artaud had experienced long periods of severe psychotic disturbances (toward the end of his life). His use of lines and shades give his figures a three dimensional and realistic appearance and they show that he was still capable of drawing in an artistically proficient manner hinting that his work was not affected by the disorder with regards to its technical virtuosity

(Vassiliadis, 2002, p.72). We will now examine the second category of psychotic influence on artistic production.

3.3 Second category: moderate change in style, minor change in content

In this category Kris includes Vincent Van Gogh because his post-psychosis work, although somewhat different stylistically, is clearly aligned to the main stylistic characteristics of Post-Impressionism. Following Kris, I believe that Van Gogh's post-psychosis works are different enough (regarding style) from his pre-psychosis works to justify his placement in this category in my survey. At this point I must acknowledge the existence of conflicting opinions concerning the differences between these works and the ones Van Gogh made before his psychotic condition. I will elaborate on these views in the following section. Another artist who is placed in this same category is Xavier Messerschmidt, whose work, according to Kris, is partly related to his delusions (Kris, 1952, p.95). Messerschmidt continued to work prolifically after the onset of the disorder and changes in style made his sculptures different from his previous work. These changes concern the repetition or exaggeration of certain features and the increasing inflexibility of his design (MacGregor, 1989, pp.256-258). Overall however, the change was not significant to warrant a complete change in his artistic style. The last two artists in this category are Charles Meryon (1821-1868) and Giannulis Halepas (1851-1938), whose styles

changed somewhat but not drastically enough to belong to a separate category. Next I will examine the case of Vincent Van Gogh.

3.3.1 Vincent Van Gogh

Van Gogh was born in 1853, exactly one year after the birth of his still-born brother whom he was named after. His mother suffered from constant depression ever since the death of his brother, which led her to be emotionally distant towards him during his early life. Due to this distance, the young Vincent was a distraught child with unconventional behaviour and periods of rage and seclusion from the world, which in turn resulted in an uneasy relationship with both parents. Throughout his life however he maintained a close relationship with his brother Theo (1857-1891) (Diamond, 1996, p.280).

Van Gogh left school suddenly, under unknown circumstances, and attempted to find work in the art trade as a dealer becoming an apprentice for four years in The Hague in his uncle's art firm Goupil's. He then transferred to the London office of this firm where a romantic disappointment (the first of the three failed relationships that marked his life) led to the collapse of his career. After trying a number of jobs (such as clerk in a book-shop and teacher in schools) he unsuccessfully tried to enroll in a theology course at the University of Amsterdam (Diamond, 1996, p.280; Meissner, 1996, pp.206-208). This led to a period of heavy depression which may have been his first experience of psychosis. Eventually he decided to devote himself to art and sought tutoring from a number of contemporary painters (such as Anton Mauve [1838-1888] and a friend of his, Van Rappard [1858-1892]), in order to gain knowledge. He even enrolled briefly in the Art Academy in Antwerp (Meissner,

1996, p.208). Van Gogh was not particularly successful in the art world and resorted to making paintings in exchange for room and board (Diamond, 1996, p.281).

He was hospitalised in 1888 in Arles after he mutilated himself. It was in the asylum in Arles that Van Gogh first came into close contact with mental illness and he developed a strong sympathy for his fellow patients, as well as a sense of fear for the fate that may become his own future (Gilman, 1982, p.218). Eventually, he was voluntarily hospitalised in Saint-Remy at the end of 1889, suffering from recurring attacks of severe psychosis. He had repeatedly attempted to commit suicide by ingesting poisonous oil paints (Diamond, 1996, p.281). Van Gogh was released from Saint-Remy in 1890 and lived in Auvers-sur-Oise for the last period of his life. He committed suicide later that year (Gilman, 1982, pp.219-221).

As an artist, Van Gogh had been interested in the subject of sadness, depression and mental illness since the early 1880s when he had created drawings such as *At Eternity's Gate* (1882) and *Sorrow* (1882). These works were a form of social commentary on destitution and mental illness, as he felt pity toward people in such predicaments (Gilman, 1982, p.214). The early compositions are put together mainly with bold black outlines. Other examples of early work are *Peasant Woman* (1885) (Fig. 74 [Cabanne, 1963, p.55, illus]) and *Cornfield with Lark* (1887) (Fig. 75 [Vassiliadis, 2002, p.73, illus]), which display subdued colours and a general lack of vivacity.

While at Saint-Remy, Van Gogh finished a painting entitled *Men's Ward at Arles* (1889) (Fig. 76 [Cabanne, 1963, p.185, illus]) which had been started during his prior period of hospitalisation. In this painting there is an obvious attempt to portray the results of psychosis in a humane manner, to depict psychotics as real people (Gilman, 1982, p.218). Regarding formal characteristics, this composition exhibits

more stylisation than earlier works. Van Gogh also made numerous portraits of patients and physicians, such as *Head of a Patient* (1890) which was painted later in Auvers after he was discharged from Saint Remy (Gilman, 1982, p.221).

It is perhaps interesting to note that during the period of most severe psychosis (1888-1890), Van Gogh's most depicted subject matter consisted of landscapes and still-lives rather than those subjects that directly represent the psychotic condition. This is a slight departure from his earlier approach to subject-matter and self-expression (Gilman, 1982, pp.218-221). An example of this are the works *Olive Trees* (1889) (Fig. 77 [Cabanne, 1963, p.223, illus]) and *Landscape with Cottages* (1890) (Fig. 78 [Arnheim, 1986, p.54, illus]), contain attributes found in much of the patient work, such as excessive ornamentation, vivid colours and an ambiguity of forms. In some of these works ornamentation takes control of the composition creating disturbances in the design. Sometimes, as in Fig. 78, the urge to decorate dominates over the subject matter, creating imbalance (Vassiliadis, 2002, p.72; Arnheim, 1986, p.51).

Another late landscape (which is acknowledged as the last painting Van Gogh ever painted, shortly before he committed suicide [Vassilidis lecture series, 2008]) is *Wheatfield with Crows* (1890) (Fig. 79 [Cabanne, 1963, p.263, illus]) in which he revisits his earlier theme (Fig. 75). This composition exhibits a variety of characteristics, such as vivid colours (mostly unmixed), bold outlines and ambiguous space, also found in a large number of works by psychotics. Researcher Rudolf Arnheim (1986) describes the freedom of form and the overall artistic level of these landscape and still life works, by noting the equilibrium they achieve between formal language (lines of the brush or pen) and the depiction of nature (Arnheim, 1986, p.51). Although this information does not seem to indicate the disjunction between

artwork and reality described in the part of this survey dedicated to the art of psychotic patients, this composition is markedly different in style than the earlier one from 1887.

There are however opposing views on the nature of the stylistic differences between Van Gogh's pre-psychosis (before 1888) and his post psychosis works (1889-1890). Schmidt, Steck and Bader (1961) fail to agree on the role of psychosis in his artistic development. They believe that Van Gogh's view of reality was not affected at all by the disorder that often plagued him (Schmidt, Steck & Bader, 1961, p.17). Murelos claims that none of Van Gogh's work betrays any pathological automatic processes (Vassiliadis, 2002, p.72). Others, like Prinzhorn, hold that his later work exhibits more intense expression and therefore is of higher artistic standards than his work prior to hospitalisation (Prinzhorn, 1922, p.267). In that case, this category would acquire a different character as it would include artists whose work was actually improved by the onset of the disorder. Paul Schilder (1886-1940) sees Van Gogh's later work as a deliberate experimentation with rhythm and the disintegration of forms, which was a thoroughly Modernist interest (Bender, 1981, p.13).

In my eyes, the later artwork of Vincent Van Gogh is different stylistically than his earlier work. The colours are more vivid, and the forms more ambiguous and distorted. That does not imply that this work betrays 'psychopathological' traits or signs, since such traits do not in fact exist. At the same time it is virtually impossible to prove the effect (or not) of psychosis upon an artist who is long-deceased. Since therefore the changes in style coincide with a period of severe psychosis, I will assume that there was at least a partial impact of psychosis on the work of Van Gogh, one that perhaps instigated these experimentations in style mentioned by Schilder. It

seems reasonable thus to affirm the usefulness of this category, that some artist-patients can be somewhat stylistically altered possibly by the onset of the psychotic condition, without however betraying a change in subject matter. Now I will examine another example.

3.3.2 Xavier Messerschmidt

Messerschmidt was born in Germany in 1736, and because he was from a large family he was raised in relative poverty. He had an interest in sculpture from an early age. After undertaking an apprenticeship with one of his uncles, Philipp Jakob Straub (1706-1774) who was a sculptor, he lived with another uncle Johann Baptist Straub (1704-1784), a Munich baroque sculptor. At the age of sixteen he attended the Academy in Vienna, becoming a metal founder, and in 1769 attained the post of assistant professor of sculpture there. His psychotic breakdown seems to have occurred shortly after. Due to this breakdown he was later denied the chance to achieve the post of senior professor, as his increasing paranoia prohibited him from being entrusted (by the university authorities) to teach students. Frustrated from this outcome he unsuccessfully sought work at the Royal Court in Munich in 1777. Eventually he moved to Bratislava where he lived for three years with his brother Johann who was also a sculptor, and alone for the last three years of his life (Kris, 1952, pp.129-131; MacGregor, 1989, p.253).

Messerschmidt started out creating portraits and statues depicting saints in Austro-Bavarian baroque tradition. One example of his early work is a portrait of *Jan van Swieten* (1767) (Fig. 80 [Kris, 1952, fig.49, illus]), which reflects the influences of French and Italian art, current at the time. This work along with others (such as the busts of the German Emperor and Empress) exhibit passion and splendour that was

characteristic of the baroque tradition. After the onset of psychosis his sculpture started to incorporate classical attributes such as an impersonal depiction of the characteristics of subjects (Kris, 1952, p.132).

At the time when Messerschmidt was creating busts like *The Yawning One* (Fig. 81 [Kris, 1952, fig.30, illus]) (c.1770), there was a tradition of depicting physiognomy in two separate directions: either by trying to portray the expression of various emotions, or to present the alterations in the human face in response to various situations. He was more of an exponent of the latter tendency as many of his later works, like the one mentioned above, seem to aim toward depicting the muscles of the face during the execution of various functions. Although Messerschmidt's goal was to depict these facial expressions, there are some portraits of that period that do not seem to fit the descriptions in the titles. One example of this is *The Melancholic One* (Fig. 82 [Kris, 1952, fig.25, illus]), which displays a lot of similarities to *The Courageous General* (Fig. 83 [Kris, 1952, fig.24, illus]). Although the first bust gives viewers the impression that they are indeed witnessing the emotion of melancholy expressed in the frown of the figure, the second one does not fit the expression of the designated title. It seems to replicate the frown of the first bust therefore confusing to the viewer (Kris, 1952, pp.133-135).

Another tendency in Messerschmidt's work is to portray emotions in the direction of grimaces. An example of this are both Fig. 81 as well as *Strong Odor* (Fig. 84 [Kris, 1952, fig.36, illus]) where, due to the facial expression, the viewer gets the impression that the subject of the sculpture is indeed experiencing a strong odor. One important speculation offered by Kris is that these grimaces were used (akin to masks), in order to frighten, control, or even defeat the demons that plagued the artist. This is a similar notion to the use of magic and ritual, encountered in the survey of the

work of psychotic patients. Kris also mentions that the tightly shut lips of these last three figures may represent a defense against demons but possibly also a rejection of sexuality. This latter notion is attributed to the fact that when one's lips are tightly closed they are hiding the red part of their lips, which is the one associated with sexuality (Kris, 1952, pp.136-139).

One characteristic that obviously dominates many later works by Messerschmidt is a certain stereotypy (a repetition of similar characteristics, as defined in Chapter 2) in a number of busts. This has been seen above in Fig. 82 and Fig. 83 where the facial expressions are so similar that the busts look like copies of each other. Another characteristic is a strong urge toward ornamentation and exaggeration, seen primarily in the *First Beak Head* and *Second Beak Head* (Fig. 85 [Kris, 1952, fig.41, illus]). These busts are highly stylised (the lips of the subjects have been elongated to the point of exaggeration), making them appear as beaks. In these two busts therefore the artist has moved away from the realistic portrayal of facial expressions (Kris, 1952, pp.140-143).

It is observed that Messerschmidt's work changed from one that closely represented nature, to one which was highly stylised. His post-disorder works also display a notable lack of expression, along with some characteristics encountered in the art of psychotic patients, such as repetition and ornamentation. Regardless of these stylistic changes however the work of Messerschmidt has not lost its realism (except for Fig. 85) and does not display any major changes in his subject matter, or any kind of perceived regression in his artistic ability or use of materials.

3.3.3 Charles Meryon

The third artist who in my estimation belongs to this category is the French engraver Charles Meryon who was born in Paris in 1821, to an English physician and a French dancer. After enlisting in the French navy and traveling around the world, he developed a love for artistic creation, which initially manifested itself in the numerous drawing he made of the coast of New Zealand. He subsequently left the navy and decided to become an engraver (due to the fact that he was colour blind), studying works by Dutch etchers “Zeeman” (Reinier Nooms [1623-1664]) and Adriaen van de Velde (1636-1672). By 1855, perhaps due to poverty and disappointment, Meryon began to exhibit signs of mental illness, believing that he was condemned to die, and developing paranoid delusions about Jesuits as well as his friends. He was originally institutionalised in Charenton in 1858 for sixteen months, diagnosed with delirious melancholia. Later on, after his release, he worked with two other skilled etchers, Felix Bracquemond (1833-1914) and Leopold Flameng (1831-1911), even though it was noted that he had not fully recovered from his illness. He was finally re-institutionalised in 1867 and died inside the asylum the following year (MacGregor, 1989, pp.84-85; Wikipedia, 2008).

Meryon’s early works were mainly etchings depicting cityscapes from Paris and Bourges. He was very good at portraying architecture which he did with immense detail and precision, as can be seen in his works *La Tour de L’Horloge* (1852) (Fig. 86 [Artnet, 2008, illus]) and *Le Pont-au-Change* (1854) (Fig. 87 [Artnet, 2008, illus]). After his psychotic breakdown however, Meryon reworked some of his old etchings, like *Le Pont-au-Change* (1860) Fig. 88 (The New York Public Library, 2008, illus) on which he eventually added huge monstrous birds, perhaps influenced by hallucinations or delusional thoughts (for the specific work, some researchers

[amongst them MacGregor], say he was influenced by Edgar Allen Poe's *Raven* [1845]). Another work which is evidence to these psychosis-inspired changes is *Le Ministre de la Marine* (1866) (Fig. 89 [MacGregor, 1989, p.86, illus]) where we can see a large number of fantasy-like beasts (amongst them what seem to be human figures riding on giant fish and horses) flying through the sky. A further work however, from the following year, reveals a much more thorough surrender to delusional systems of thought. This is *La loi lunaire* (1866) (Fig. 90 [MacGregor, 1989, p.87, illus]) which diverges greatly from Meryon's previous city-scapes. It depicts a human figure-like coffin in the shape of a distorted crucifix, thus portraying religious as well as sexual (the penis shape in the bottom and breast-like shapes on the top portion) iconography. Overall, there seems to have been a partial change in Meryon's thought processes after the psychosis and this somewhat affected his artistic production, mainly concerning subject matter which became more fantastic). However, the changes to his work (with the exception of *La loi Lunaire*) are not significant enough to warrant a complete change of style, as will be witnessed in the artists of the following category. The last example of this category is Giannulis Halepas.

3.3.4 Giannulis Halepas

The last artist who belongs in this category is Giannulis Halepas who was born in 1851 on the island of Tinos, Greece, to a family of five children. He started to sculpt around the age of fourteen alongside his father who worked in the marble industry. In 1869 his family relocated to Athens where he enrolled at the Polytechnic School in the Faculty of Fine Arts, from which he graduated with a distinction. Between 1873 and 1876 he continued his studies at the Munich Fine Arts Academy

with a scholarship he obtained from Greece. While there he created marble sculptures influenced by Greek mythology. After 1876 he moved back to Athens where he worked on commissions. Among them are the *Sleeping Maiden*, and two funerary monuments, one for Sophia Afentakis and one for Athens First Cemetery. Other themes that recur throughout his artistic career are Medea and the Satyr (Hellenic Culture Organisation, 2004, p.302; Vassiliadis, 2002, p.73).

Halepas began to show symptoms of psychosis around 1878 and his family initially sent him on a trip to Asia Minor and Italy, where he accompanied his younger brother Nikolas. After returning from his travels, he stayed in Tinos for a decade where he attempted to create charcoal drawings that his mother continuously destroyed, believing they were the source of his mental illness. A decade later he was hospitalised at the Corfu mental asylum in Kerkira, where he lived for fourteen years. During that period he is only reported to have created one sculpture of a small clay bust, but frequently drew on the floor and walls of his room. After his release he returned to Tinos and was looked after by his mother until 1916 when she died. He was then able to resume artistic activity which consisted of pencil drawings and clay sculptures, some of which were eventually cast in plaster. In 1930 he was invited to live with his niece Irini in Athens where he resided until his death (Hellenic Culture Organisation, 2004, pp.302-303).

One of his famous works before the outbreak of the disorder was *Satyr Playing with Eros* (1876) (Fig. 91 [Vassiliadis, 2002, p.74, illus]), which seems to follow the classical tradition, while the same theme was revisited years later in *Satyr and Eros* (1930) (Fig. 92 [Vassiliadis, 2002, p.74, illus]). The latter sculpture is significantly different from the previous one in terms of form (it appears to be inflexible and less worked on), the structure seems rigid and minimal, while there is a

lack of emotional intensity. There is thus, like in Van Gogh's late work, a change of style but not of content, so there is not really a complete alteration in his work which would place him in the last category. The following section will present the third and final category of interaction between art and psychosis.

3.4 Third category: complete change of style and subject matter

In this category Kris placed artist-patients whose artistic style and subject matter changed completely after the onset of psychosis. By certain standards these artists' technical virtuosity may also seem to have been affected, if we assume that their goal was to create works that were similar to those they produced before their psychotic breakdown. If we presume however that this change was welcomed (and intentional), then obviously we cannot talk about any loss of technical ability. Michel Thevoz explains that it is the primal impulses from the childhood of these artists (he mentions especially Ernst Josephson and Carl Fredrik Hill [1849-1911]) that have been released by the psychotic process. These drives, which in his view are immensely more essential and elementary, are those that permit the trained artist to finally shed his artistic (and cultural) training and return to purity of creation (Thevoz, 1992, p.38). In Thevoz's view, these artists do not lose their technical virtuosity, rather they purposely dispense with it in order to create from their inner-self, bringing themselves closer to outsider artists (we will expand on this topic in the next chapter). Thus they do not regress but rather progress. The artist-patients I will examine are

Kris' example Ernst Josephson and two examples by Vassiliadis: Carl Fredrik Hill and Louis Wain.

3.4.1 Ernst Josephson

Ernst Josephson was born in Sweden in 1851, and at seventeen he enrolled at the Swedish Royal Academy of Art. He eventually became a member of the Modernist movement called "The Opponents", who got their name from their rejection of classical approaches to painting. At the age of thirty, following the death of his mother, Josephson tried to assuage his shock by traveling to Spain. When he returned to Sweden the rejection of his work led to isolation and disappointment. Around 1888 he suffered a severe psychotic episode, accompanied by delusions of grandeur, during which he believed he had divine power and was a representative of God on earth (Sommer & Sommer, 2000; Vassiliadis, 2002, p.74). Having been diagnosed with paranoid type schizophrenia, he was forced to interrupt his artistic career. After being institutionalised at an asylum in Uppsala, he was encouraged by a friendly doctor to resume his artistic activity. Eventually, after being discharged, he moved to the country side where he lived until his death at age fifty-five (Sommer & Sommer, 2000; MacGregor, 1989, p.227).

Josephson studied in Stockholm and Paris, and started out painting in a realist style, following Courbet and Manet. He also shows the influence of Velasquez and Rembrandt, see, for example, *Jeanette Rubenson* (1863) (Fig. 93 [Werner, 1976, p.19, illus]) and *Portrait* (Fig. 94 [Kris, 1952, fig.17, illus]). Even though he had begun to show signs of psychosis as early as 1881, his style was only radically altered around 1888 (MacGregor, 1989, p.226). He continued however to draw and paint after suffering the effects of the disorder, at which point his subject matter began to

show an increasing interest in supernatural and religious issues. When his disorder was at its peak his drawings consisted of simple outlines and were characterised by a simplicity and lack of expression, such as that seen in works like Fig. 18, *Man with Knives* (Fig. 95 [MacGregor, 1989, p.228, illus]) and *David and Goliath* (Fig. 96 [Kris, 1952, fig.4, illus]) (Kris, 1952, pp.95-97). These works display truly spontaneous, albeit strange and uncanny forms. The figures of David and that of Fig. 95 are distorted and have assumed unnatural postures, appearing soft and malleable. In addition, the figure of Goliath and those of the two girls in Fig. 18 also have strange grimaces that appear to be out of place and do not seem in accordance with the context of the composition. Eventually his drawing technique began to explore textured surfaces, strange distortions, and ornamental elements, which can be seen in *Head of a Girl* (Fig. 97 [MacGregor, 1989, p.228, illus]). These are all characteristics that, as the previous chapter shows, have been observed in works by psychotic patient-artists (MacGregor, 1989, p.228; Werner, 1976, p.22).

At times Josephson returned to oil painting exhibiting the same simplicity of expression, inflexibility of structure and incoherency of subject matter. An interesting feature of his life drawings toward the end of his life was the rather androgynous character he projected onto his models (see Fig.18) (Kris, 1952, p.97). This characteristic has also been observed in some sculptures by the schizophrenic patient-artist Karl Brendel (1871-1925), in which Jesus is portrayed as having breasts. One of the paintings made by Josephson after the onset of his disorder is *The Creation of Adam* (Fig. 98 [Kris, 1952, fig.14, illus]) which displays abnormal spatial relations and a general alteration of forms, creating a supernatural atmosphere and a heightened level of emotional expression (Prinzhorn, 1922, p.268).

This application of paint coupled with the elongated and disproportionate form of the figures, the weirdness of their poses and the ambiguous use of space, led Swedish artists toward a new cutting-edge style. Josephson influenced the artwork of the next three decades (MacGregor, 1989, p.229). Even though his work allegedly showed regression and deterioration of skill, according to MacGregor, some critics hailed this kind of art as an emancipation from restrictions of conventional society and cultural tradition (this would be in tune with Thevoz's comments above). Because of this, Josephson was celebrated as the founder of a new formal language for art (MacGregor, 1989, p.228; Werner, 1976, p.22). The researcher Alfred Werner and the Swedish painter Isaac Grunewald (1889-1946) both stressed the importance of Josephson for the development of Modernist art, as he created a mix of Expressionism and Surrealism before the birth of those movements (Werner, 1976, p.18; MacGregor, 1989, p.230). It is possible thus, according to some, that psychosis can in fact be a positive influence on artistic production.

The differences between Josephson's paintings before and after his hospitalisation have also been supported in a study by Sommer and Sommer (2000). The subjects of this study (which were also students enrolled in an abnormal psychology university course and therefore had no experience in the field of art) rated his post-hospitalisation works as both more original and more psychotic. It was also found that signs of psychopathology were positively correlated with originality but negatively correlated with artistic skill. In a second part of the study the researchers found that the presence or absence of colour did not affect the perception of psychopathology or level of artistic skill in paintings (Sommer & Sommer, 2000). We will now look at the next artist in this category.

3.4.2 Carl Fredrik Hill

Another artist-patient who fits into the same category as Josephson (and had a similar life story to him) is fellow Swede Carl Fredrik Hill, born in Lund in 1849, to a family of academics. After attending the Royal Academy of Fine Arts in Stockholm, Hill moved to Paris in 1873, where he painted for the next four years in an attempt to exhibit at the Salon there and in Philadelphia. Apart from two paintings that were accepted, the rest were unsuccessful. Along with this overall failure, a series of other unfortunate events (such as an injury and the deaths of his sister and father) also had a severe impact on his life. He eventually began to display signs of psychosis, such as hallucinations and persecution paranoia in 1878, and was placed in the St. Lars Asylum in Lund. However, he soon left that institution (because he objected to the treatments offered) and was cared for at home by his mother and remaining sister for the remainder of his life (Hubin, 2008; Skane, 2008; Malmo Stad, 2008).

Before his illness, Hill was known as a landscape painter and had painted landscapes in Barbizon, Monitigny and Normandy. His landscape paintings at the time were of a similar technique to Corot and Millet. Some examples of these can be seen in his works *Brook at Barbizon* (1874) (Fig. 99 [Malmo Stad, 2008, illus]) and *Beach at Luc sur Mer* (1876) (Fig. 100 [Oceansbridge, 2008, illus]) where the influence of the French school (known as the Barbizon school) is evident. After the onset of his illness, Hill continued to draw up to four pictures per day, thus his creative output after 1878 was immense. His style however seems to have changed drastically, along with his subject matter. His later works, such as *The Beast* (1883-1911) (Fig. 101 [Malmo stad, 2008, illus]), *Profet I Urtidslandskap* (1883-1911) (Fig. 102 [Hubin, 2008, illus]) and *Untitled* (1883-1911) (Fig. 103 [Omkonst, 2008, illus]) display remarkable changes in both style and subject matter, as the use of colour is

very limited (or absent as in the second example) and the lines and forms are simplified. His subject matter (especially in Fig. 102) seems to derive from the hallucinations or delusionary ideas he was experiencing at the time, and it seems highly imaginative and bizarre. These drawings are similar in style to those of Josephson after his psychotic breakdown. Schmidt, Steck and Bader (1961) believe that Hill is an example of a mediocre artist achieving artistic genius due to the onset of psychosis (Schmidt, Steck & Bader, 1961, p.17). This (as in the case of Josephson) may be included as an unlikely but possible outcome of the combination of art and psychosis. Overall, these works seem to have lost the realism of his earlier paintings and his interests regarding content have changed completely.

3.4.3 Louis Wain

The last artist-patient I will look at, whose work changed radically, is Louis Wain who was born in 1860 in London. He studied and worked there as a teacher and journalist (Vassiliadis, 2002, p.75). Wain was married in 1884 but his wife became ill and died three years later (Dale, 1968, p.10, p.18). His paintings of cats (the prevalent subject matter in his work) were used for magazine covers, calendars and also illustrations of children's books (Dale, 1968, p.133). Eventually Wain experienced financial problems and around 1922 he began to exhibit psychotic symptoms. It is quite possible that he had a genetic predisposition to the disorder as his sister Marie was also hospitalised long before he was, in 1901 (Dale, 1968, p.171). Shortly after that he became violent towards his relatives (particularly his sisters who he lived with), was put under a restraining order in 1924, and institutionalised later that year at the Middlesex County Mental Asylum (Dale, 1968, pp.126-127). He was transferred to Bethlem in 1925 due to an order from the prime-minister, and in 1930 he was again

transferred to Napsbury Hospital near St.Albans where he spent the remaining nine years of his life (Dale, 1968, p.135, p.142).

Wain's favourite subject of depiction was cats, and the changes in his work can be seen in *Cats-Kaleidoscopes* (Fig. 104 [Vassiliadis, 2002, p.75, illus]). The first cats in this figure are realistic while the latter ones are characterised by a profound emancipation of form leading to complete abstraction. In this respect the cats he painted later on in his life can be said to combine three themes that were important to Wain in his life: cats, wallpapers (he had previously drawn wallpaper designs) and carpets (his mother's hobby was designing carpets and she may have influenced him in that way) (Dale, 1968, p.185). It is important to note that the new subject matter is completely different from the former but equally interesting, if not more, which hints toward a positive perhaps influence of the disorder on another part of the ego (Vassiliadis, 2002, p.76). In this way, it is similar to the case of Josephson and Hill.

With regards to Wain's later works however, there are conflicting views regarding the influence of psychosis (as in the case of Van Gogh). Although some (like Vassiliadis) believe that the radical changes in his style occurred due to the influence of psychosis, others (like D. L. Davies) believe that this change in style was a form of experimentation in design, possibly influenced by the above-mentioned wallpaper and carpet designs (not fuelled by the psychotic condition) (Cardinal, 1972, p37; Beveridge, 2001). As it is not possible to prove the influence (or lack thereof) of psychosis on the later works, I will present these two conflicting notions as an ongoing debate about the work of Louis Wain. As a researcher, once again I will assume that, since there is a dramatic change of style which chronologically coincides with severe psychosis, the style and subject matter of Wain has been, at least partly, influenced by the psychotic state.

3.4.4 Summary

This chapter has examined the three possible categories in the interaction between art and psychosis. This interaction has been studied through the effects of the disorder on artist-patients, with artistic training prior to the onset of the disorder. It has spawned distinct categories that exemplify the complexity of a relationship which may take a variety of forms, each one dependent on the amount of influence psychosis exerts on artistic production. From this chapter we can conclude that the above influence is unstable and uncertain, depending on the individual case of each artist-patient. We can also conclude that it is not possible to predict the creative outcome of a trained artist who suffers a psychotic break. Sometimes, the impact of psychosis overwhelms the perceived technical skill present in an artist whilst other times this skill proves more powerful than the impact of the psychosis.

This last category, in revealing the fundamental effect of psychosis on artistic production, is the most important idea in this section, an idea that I will take forward as I move toward the object of this thesis (the stimulation/substantiation of my own sculpture by my personal interpretation of the psychotic state). Everything here rests on the assumption that the onset of the psychotic condition can sometimes significantly influence the artistic production of individuals. An extension of this is the idea that knowledge of the psychotic state can exert an influence on the artistic production of non-psychotic artists (and as a result on my own studio practice). This represents a fourth type of interaction between psychosis and artistic creation that will be examined in the following chapter.

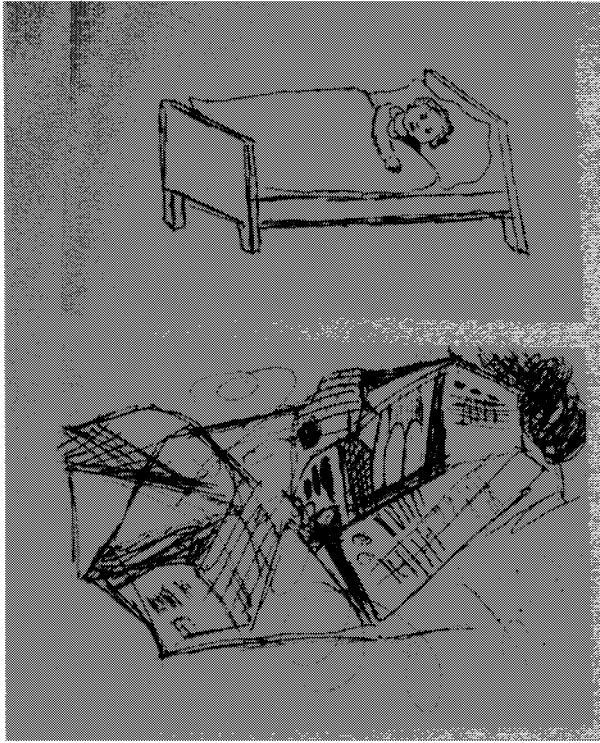


Figure. 58



Figure. 59

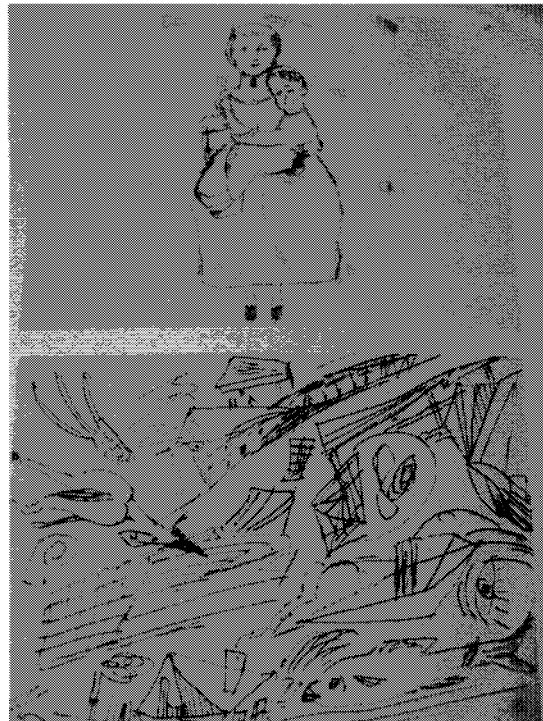


Figure. 60



Figure. 61
Caravan halted by the sea



Figure. 62
The flight out of Egypt



Figure. 63
Madness: sketches to
illustrate the passions

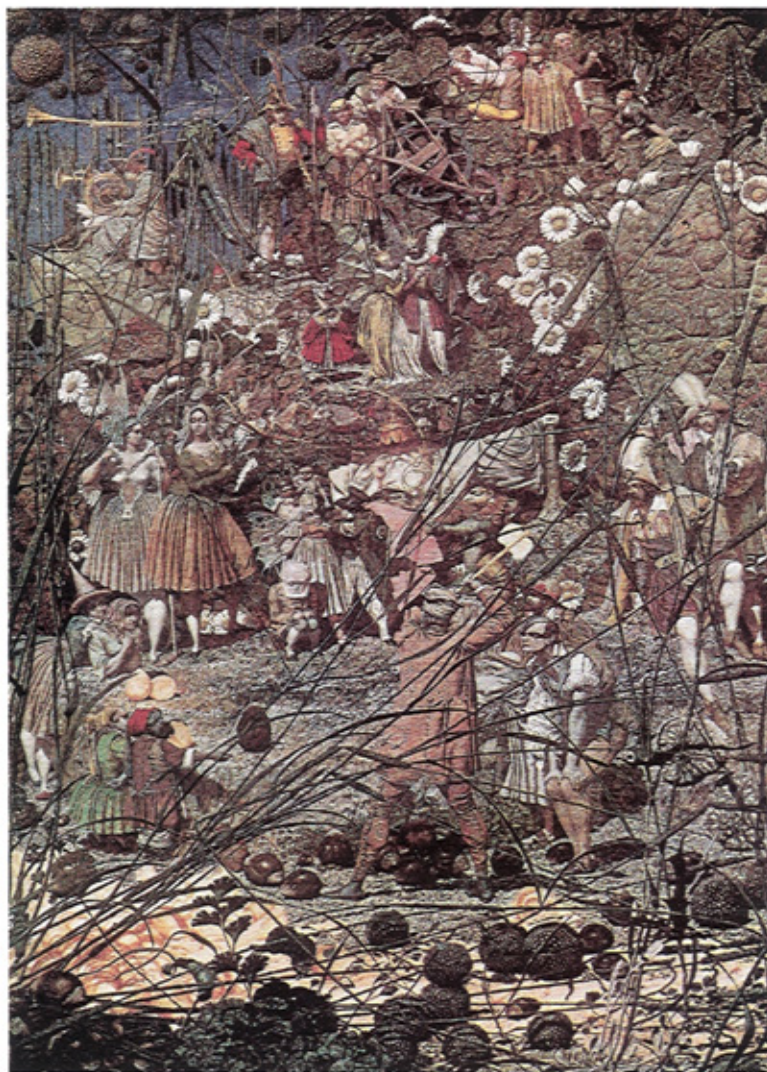


Figure. 64
The fairy teller's master stroke



Figure. 65
Portrait of a young man



Figure. 66
Moonlight, Indian encampment

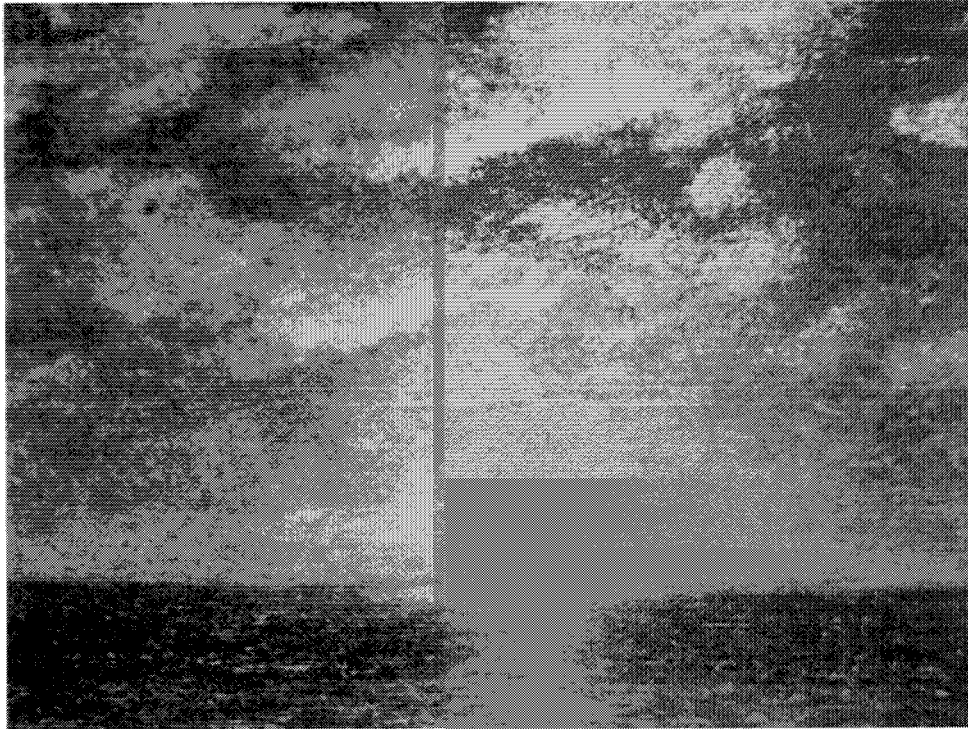


Figure. 67
The sun, serene, sinks into the
slumberous sea



Figure. 68
Untitled (seascape)



Figure. 69
Landscape

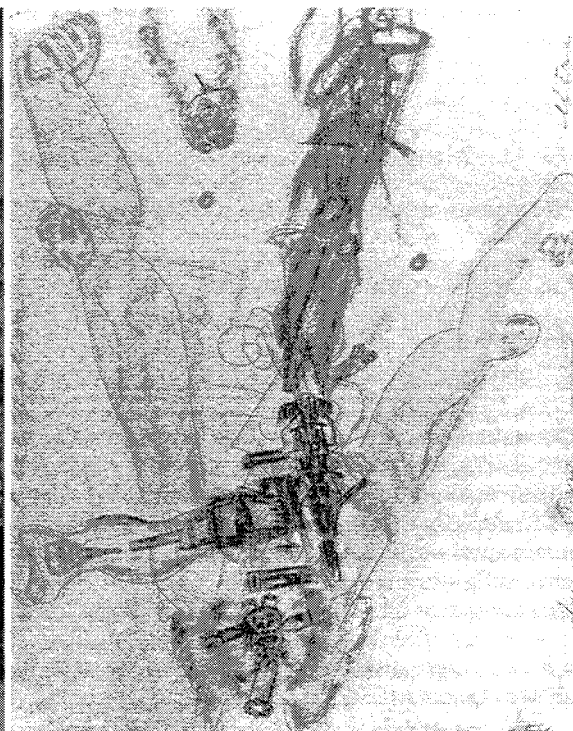


Figure. 71
L'execration du pere-mere



Figure. 70
Reclining figure



Figure. 72
Portrait of Colette Allendy



Figure. 73
Portrait of Yves Thevenin



Figure. 74
Peasant woman



Figure. 75
Cornfield with lark



Figure. 76
Men's ward at Arles



Figure. 77
Olive trees



Figure. 78
Landscape with cottages

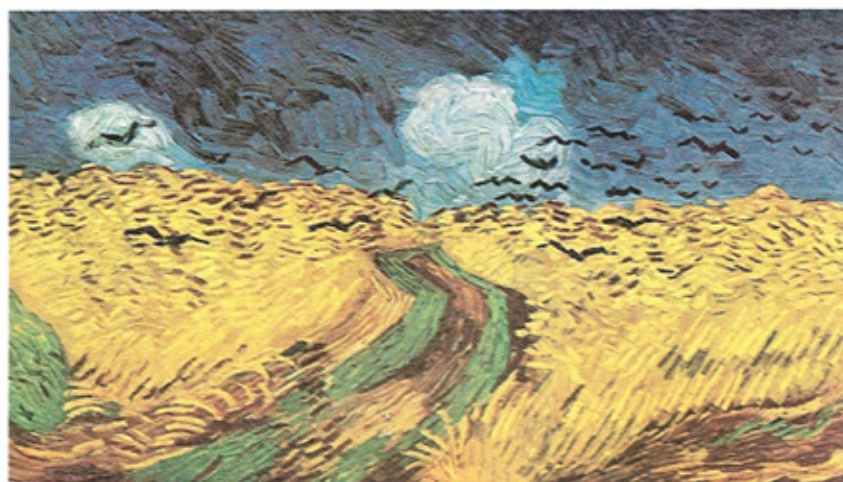


Figure. 79
Wheatfield with crows



Figure. 80
Jan van Swieten

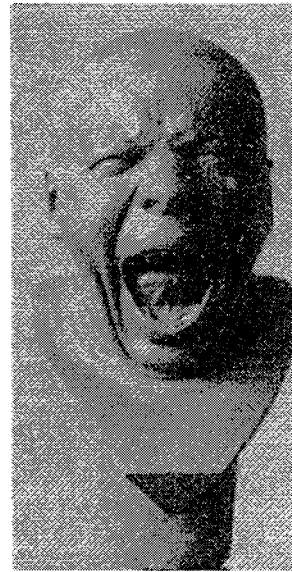


Figure. 81
The yawning one

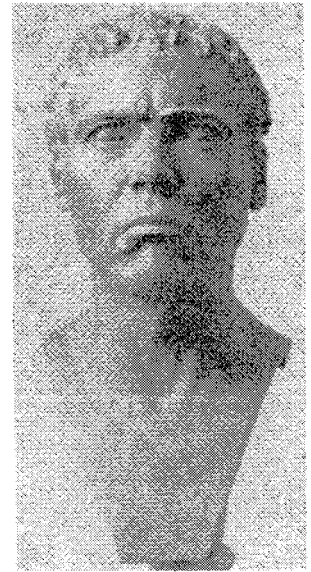


Figure. 82
The melancholic one



Figure. 83
The courageous general

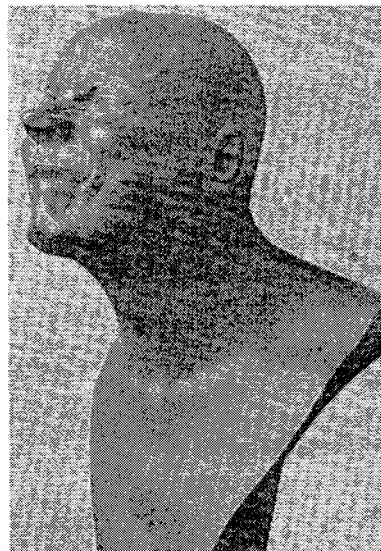


Figure. 84
Strong odor

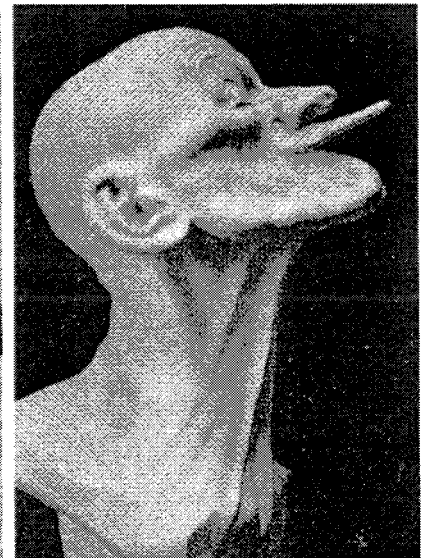


Figure. 85
Second beak-head

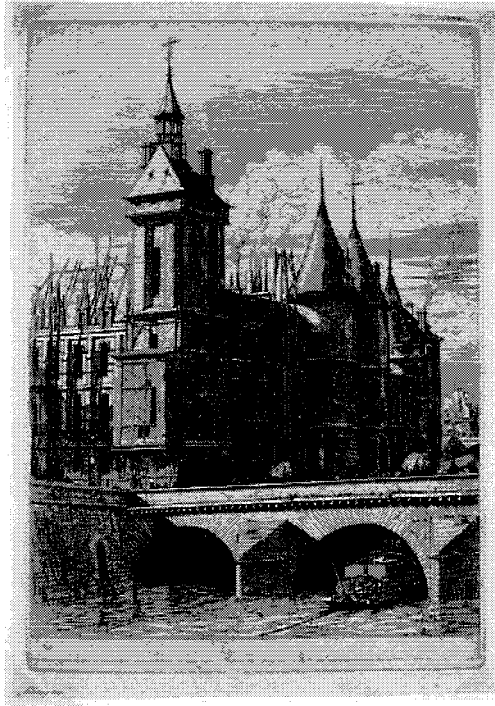


Figure. 86
Le tour de L'Horloge

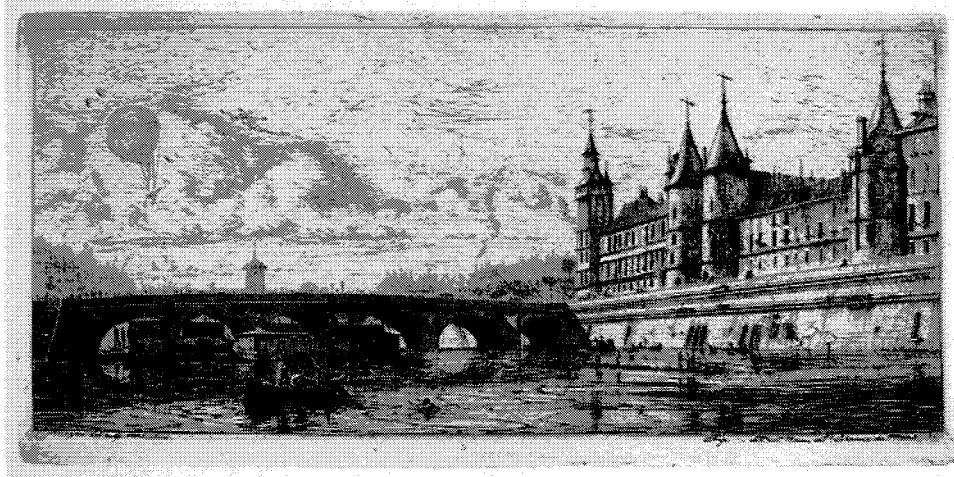


Figure. 87
Le Pont-au-change 1854



Figure. 88
Le Pont-au-change 1859-60

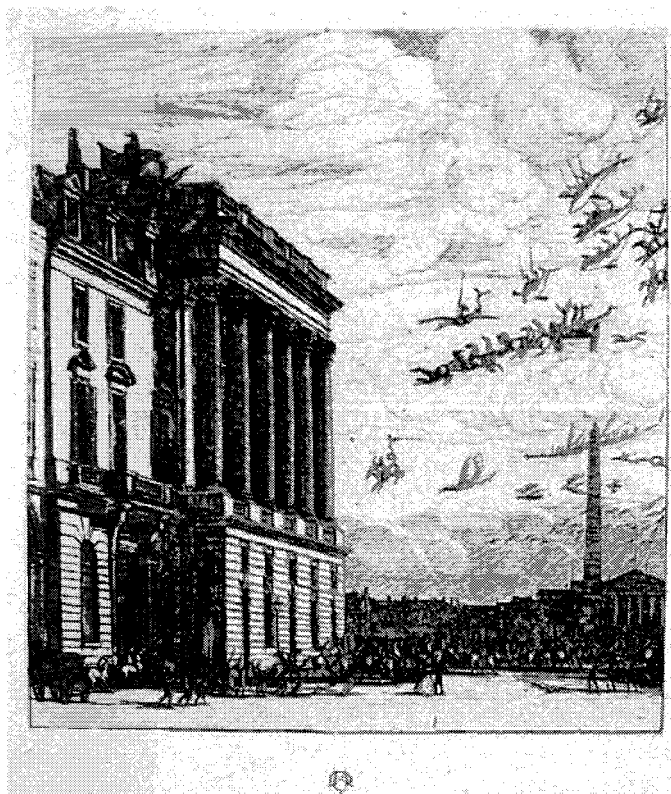


Figure. 89
Le Ministre de la Marine

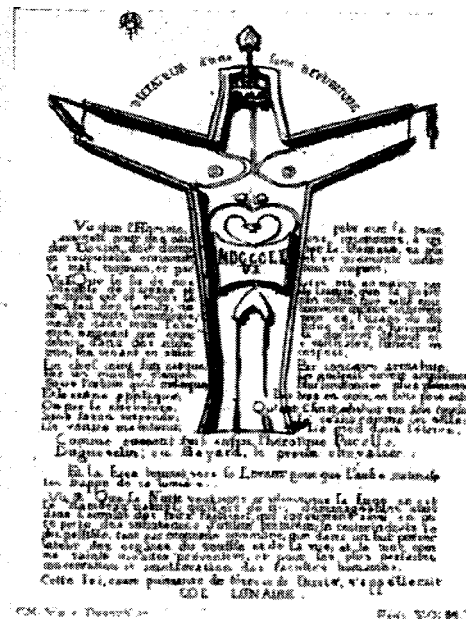


Figure. 90
La loi Lunaire

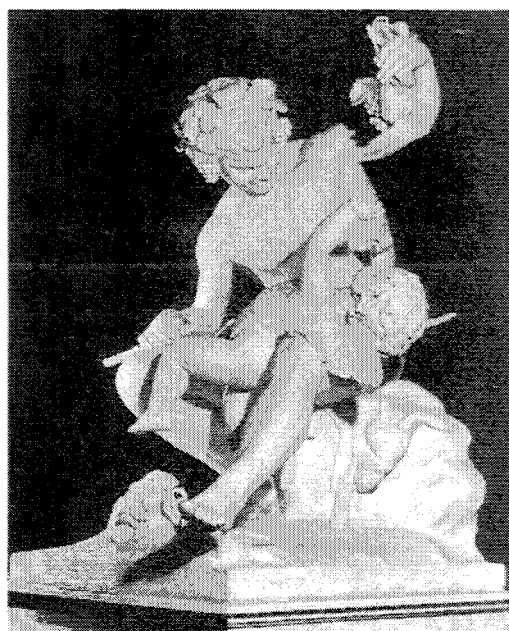


Figure. 91
Satyr playing with Eros



Figure. 92
Satyr and Eros



Figure. 93
Jeannette Rubenson



Figure. 94
Portrait



Figure. 95
Man with knives

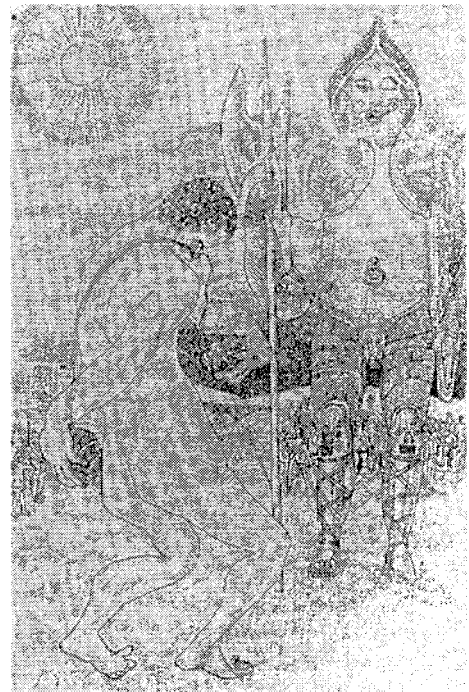


Figure. 96
David and Goliath



Figure. 97
Head of a girl



Figure. 98
The creation of Adam



Figure. 99
Brook at Barbizon



Figure. 100
Beach at Luc sur Mer



Figure. 101
The beast



Figure. 102
Profet i Urtidslandskap



Figure. 103
Untitled



Figure. 104
Cats-kaleidoscopes

Chapter 4: Art History and Psychosis

(the Simulated patient-artist)

4.1 Psychosis and Modernist art

The previous chapters have examined the complex relationship between art and psychosis from both ends. They first looked at the influence of art on psychotics, by examining the work of psychotic patient-artists most of whom had no formal artistic experience or training before the onset of their disorder and their subsequent institutionalisation. Secondly they looked at the effects of psychosis on art by examining the artworks of psychotic artist-patients who were trained and artistically active before and subsequently to the onset of their disorder. This chapter will investigate a different aspect of the relationship between art and psychosis, which is the influence of the psychotic condition on artwork of non-psychotic trained artists. I think of these creative practitioners as ‘Simulated’ patient-artists. In this situation the historical phenomena to be explored are the various ways in which trained artists throughout the twentieth century have utilised the psychotic condition in order to create art. I will thus be describing the multifaceted effect of psychosis on specific movements in mainstream art, some paying tribute to Psychotic Art, others attempting to emulate it, and some utilising the psychotic condition as a tool in order to create art. Finally, I will also explore the impact of the art of other marginalised groups on Modernist art and contemporary visual art practice. First however, we will look at the beginning of the influence of non-mainstream artistic practices upon Modernist art.

4.1.1 Non-mainstream influences on Modernism

The turn toward psychosis as a source of inspiration was largely a result of the discontent of twentieth century artists with established forms of art, and their need to discover alternative sources of inspiration than those available up to this time (Jadi, 1996, p.31). Until then, the foundations for artists were mostly confined to those approaches to art initiating in Classical Greece, carried on through the Renaissance and perpetuated by museums, galleries, and the other prevalent institutions of the Western art world. In the late nineteenth and early twentieth centuries there were attempts to disrupt this tradition by turning either toward resources outside the Western world, or toward marginalised groups within the Western world (Cardinal, 1972; Rhodes, 2000).

Without a doubt, as pointed out by Fotini Tsalikoglou (2004), many Modernists glorified madness without accounting for the agony and distress experienced by actual patients and they, perhaps rather patronisingly, exalted the irrational element, believing that these patients were more connected to their internal emotions than the academic artists of the salons (Tsalikoglou, 2004, p.22). This affinity led to certain groups, such as the Expressionists and the Surrealists, being labelled as insane themselves (Porter, 2002, p.179).

The first Modernist approach can be witnessed by a turn toward “primitivism”. This is evidenced in the African, Iberian and Polynesian artistic influences present in the artwork of artists such as Pablo Picasso (1882-1973), Paul Gauguin (1848-1903), Wassily Kandinsky (1866-1944), Constantin Brancusi (1876-1957), Emil Nolde (1867-1956) and Ludwig Kirchner (1880-1938) (who we will look at in the following sections). The turn toward primitivism can also be witnessed in the work of the Fauves (who stressed to an exaggerated degree the importance of colour) and later on

the Abstract Expressionists (who attempted to recapture the artist's relationship with his/her materials). In many ways, this occurrence was also a critique of the supposed superiority of the Western world over so called "primitive" cultures (Cardinal, 1972, pp.12-13; Rhodes, 2000, p.8, p.24; Cardinal, 1996).

The second approach can be seen in the influence of non-mainstream art, such as the impact of children's art on the work of Paul Klee (1879-1940) (who will be looked at shortly), Kandinsky (and his partner Gabriele Muntz [1877-1962]) and Joan Miro (1893-1983), as well as the effect of the work of other marginalised groups like psychotics, hermits, convicts and folk artists. We could also add the influence of folk sculpture from Brittany on Gauguin, Russian folk prints on Kandinsky and Romanian Folk Art on Brancusi (Cardinal, 1972, pp.13-14; Rhodes, 2000, p.8, p.24, p.27; Cardinal, 1996).

All these intentional influences were attempts on behalf of Modernist art to free itself from the Eurocentric tradition and to explore new visual options. This art was not recognised by Western specialists or experts; it was completely alien to what had been taught in Western art until then. Although this process of artistic emancipation was difficult and tedious it managed to continue on into the second half of the twentieth century, when it became more readily accepted. At the same time, by the 1970s there seemed to be no end to the forthcoming non-academic, unconventional approaches to art (Cardinal, 1996). Out of all these approaches, I next want to focus on the influence of psychotics on non-psychotic artists. In order to do this we must first ascertain the similarities and differences in the creative procedure of these artists with that of psychotic patient-artists explored in a previous chapter.

4.1.2 Similarities between Modernist artists and psychotic patient-artists

In order to understand how psychosis is related to specific movements in art, we must first look at the ways psychotic art is similar to Modernist art. The actual process of artistic creation has common elements in both psychotics and non-psychotics, which is a connecting point in the work of these two distinct groups. Ernst Kris specified two distinct stages in the creation of art which may be either independent of each other, accompany each other, or be interconnected. The first of these phases, termed “inspiration”, is identified by a strong drive and the influence of an external factor working through the creator. The second phase, “elaboration”, is characterised by a purposeful design aimed at solving a specific problem (Kris, 1952, p.59).

According to Levy and Ulman (1967), it seems that in the eyes of the public, the art of groups such as the Cubists, action painters, and especially the Expressionists and Surrealists, is strongly related to the works of psychotic patients. These works do actually share a number of common attributes with Psychotic Art. Many of them exhibit stylisations or distortions of forms and sometimes even a total lack of visually coherent representation (Levy & Ulman, 1967, p.187). The Cubists for example, were associated with patient art in the geometric depiction of reality which also appears in psychotic configurations, while the numerous symbols contained in the works of Mark Chagall (1889-1985) were considered similar to the artwork of psychotics, where symbols take on the identity and meaning of personal ideas (section 2.4.7) (Reitman, 1950, p.115).

It follows the views of Reitman, Porter, Tsalikoglou and Levi and Ulman, that the similarities between the two groups concern mostly the formal and practical elements of artistic production such as style, use of materials and techniques, and

methods of artistic creation. It is therefore important to note that the artists who derived their influence from the art of psychotics focused mostly on the formal aspects of it such as stylistic characteristics, artistic mediums, and creative methods (such as for example automatic drawing) (Koskina, 2004, p.36). Furthermore, this position also holds that the interest shown by Modernist artists toward psychotic patients was one-directional. It seems that the reverse relationship (the patients' interest in Modernist artists) has either not existed or has not been substantial enough to be noted by researchers. The opinion seems to be that a theoretical connection is not possible because the patient-artists (at least the majority of them) were not intentional agents acting systematically and with a conscious and deliberate interest in essential features of art production as well as the artistic climate of their era; most of them probably had no access to the art of Modernist artists, or were not aware of their existence.

4.1.3 Differences between Modernist artists and psychotic patient-artists

There are however, some important differences between the two groups mentioned above. Modernist artists who for the most part had, we are led to believe, rational ideas about the irrational, espoused specific aesthetic missions for their work, specific interests in techniques and specific types of pictorial reference. The attributes of the movements they founded have been described by Alexandridis as a form of stasis-ecstasis-stasis (which can roughly be explained as 'stability-instability-stability'), while those of psychotics are determined by dissipation and interruption. When patients are at a stage of dissipation their imagination runs wild and gives birth to forms which are nonrepresentational. In this respect they start from disorder and

seek order, as opposed to Modernist artists who start from order and seek disorder (Alexandridis, 2004, p.45).

Another point of difference is focused on the intentions of the creator of a work of art. Most artists deliberately distort and stylise their objects with a specific purpose in mind while their ideas spring from the primary and secondary process (Crespo, 2003, p.185). These are two opposite yet complementary modes of functioning that work for the pleasure principle (id) of which the first accomplishes the free flow of psychic energy while the second regulates this energy (nosubject, 2006). The secondary process is also the language of the conscious part of the mind (Pervin, 1993, p.94). At those levels these ideas are distinguishable from each other. Psychotic patients however, do not consciously distort and stylise their images as they lack the conceptual basis for these actions, but instead produce images unintentionally in a specific and regressed manner (Crespo, 2003, p.185). Strobl (2008) stresses that where the artist depicts an imaginative portrayal of reality, the delusional patient expresses reality itself, albeit according to his/her own beliefs (which usually do not match those of others) (Strobl, 2008). The former thus exhibits an intentional restructuring of reality into elements and principles of design, whereas the latter exhibits no structure and a disintegration of graphic relationships, making the artwork highly disorderly and irregular (Reitman, 1950, p.90).

The belief that for many Modernist artists the creation of art was a re-establishment of essential elements that took place through the disposal of previous artistic forms, can be witnessed in the progression through various art movements. This re-establishment for psychotic patients however, occurred accidentally through the destruction of some of their functions due to the onset of the disorder, although, as we have seen, they may also be somewhat affected by cultural trends or social events

(Morgenthaler, 1921, p.108; Cardinal, 1972, p.51; Thomashoff, 2008). One could assert therefore that the works of patients are mostly products of a chaotic logic without any seeming structure, whereas the works of Modernist artists are based on a set of definite and systematic formal qualities and rules (Levy & Ulman, 1967, p.187).

One more difference is that psychotic patient-artists do not generally create art in order to achieve public recognition or fame but rather to discover a common language with other human beings. The inner urge to share their introspective and hallucinatory experiences is so strong that they usually have little control over their work (Syristova, 1989, p.54; Syristova, 1989, p.287). Modernist artists on the other hand, while possibly having a similar urge, did not hallucinate naturally and were more prone to social objectives such as recognition in the art establishment. In fact, certain theorists (like psychiatrist Ludwig Binswanger [1881-1966] and historian Georg Schmidt [1896-1965]) do not think that the creations of psychotics can be classified as 'art', since they are not usually connected with cultural or artistic traditions (Cardinal, 1972, p.52).

From the above two sections we can see that the differences between the art of Modernist artists and that of psychotic patient-artists are more significant than the similarities. Kris supports that the common elements are related to the id while the differences are molded by the ego (Cardinal, 1972, p.52). The differences concern mostly theoretical considerations such as the search for disorder as opposed to the search for order, intentionality as opposed to non-intentionality, use of structure as opposed to disorder and dissipation, and also motivation for producing work. The similarities on the other hand concern formal elements such as vivid colours, stylisations, distortions and creative techniques. We can conclude from these sections therefore, that although the artwork produced by these two groups does not

encompass the same psychological procedures, there has been a clear interest by Modernist artists in the work of psychotic patient-artists that can be evidenced by the formal similarities in their work, and also by the adoption of specific modes of artistic production. This conclusion gives rise to inquiries about the reasons for this interest in formal elements and creative procedures on behalf of the Modernists as well as the expectations they had about the reception of this interest by the art world and the public. The following sections will look at the connections between specific Modernist art movements such as Expressionism, Surrealism and Art Brut, the artistic production of psychotic creators (both patient-artists and artist-patients), and the creativity of other 'marginal' groups.

4.2 Expressionism and psychosis

It has been pointed out by the psychiatrist Karl Jaspers (1883-1969) that the Expressionist painters purposely sought a resemblance of insanity in their work. He noted the likelihood that they had been influenced by psychopathology in general, and specifically the works of psychotic patients, as well as by artists who suffered psychosis such as Vincent Van Gogh. This became evident to Jaspers when he viewed an exhibition in 1912 in Cologne, in which the works of Expressionists were displayed alongside those of Van Gogh showing a kinship between the two. He concluded from that exhibition that these artists were in fact too healthy to be able to successfully imitate the psychotic state in their work. The reasons for this conclusion were that Jaspers saw an intentional attempt by these artists to nurture the feeling of insanity in their works, and from a psychiatric point of view he considered this

attempt less successful than the works of Van Gogh, where insanity occurred naturally (MacGregor, 1989, p.222).

4.2.1 The main ideas of Expressionism

MacGregor (1989) proposed a much stronger affinity between the works of Expressionists and those of psychotic patient-artists. Given Jasper's view above, MacGregor's two part description takes us beyond mere resemblance. Firstly he thinks that the Expressionists actually experienced strong emotions whilst creating their work, and secondly that the formal language which expressed these feelings (for example, as rough stylisations of forms and colour) was genuinely primitive (MacGregor, 1989, p.222; Werner, 1976, p.22). Expressionism was an approach to art which focused on introspection and the subjective experience. It prioritised emotion rather than intellect, instinctive urges as opposed to rational logic, and dreams over external reality. This art was said to be derived from the unconscious (see page 123) and compelled the viewers to look inside themselves and face parts of their personality that were ambiguous, doubtful, and illogical. MacGregor's theory proposes that these artists were not always fully aware of the influence of the unconscious or even the creative process itself. This attribute makes it possible to describe this mainstream Modernist approach as closer to Psychotic Art than any other movement with a similar interest in liberating creativity from the acceptability of academic art (MacGregor, 1989, p.223, p.243; Waelder, 1965, p.83; Arnheim, 1986, p.54).

The closeness of Expressionist tendencies in Modernism to the state of mind of psychotic patient-artists had originally been pointed out by Wilhelm Weygandt (1870-1939) who published an article in the Berlin Weekly *Die Woche* in 1921

(Brand-Claussen, 1996, p.17) comparing the works of artists such as Klee, Kandinsky, Oscar Kokoshka (1886-1980) and Kurt Schwitters (1887-1948) to those of psychotic patients. This article suggested that the rawness of technique, bizarreness of subject matter, vagueness of symbols, as well as the general absence of inhibition, indicated a genuine departure from the trail of normal feelings and thoughts (Brand-Claussen, 1996, p.17). In this respect the art of Expressionists had a common basis with that of psychotics, even though the latter was more extreme since patients were bound to their individual reality, whereas the artists in question had the flexibility of choice and intentionality and could (as Weygandt also recognised) demonstrate a lineage for their ideas that derived from Paul Cezanne (1839-1906) and Van Gogh (Jadi, 1996, p.30). The following year, Prinzhorn described the abandonment of the outside world and return to an inner reality as the main similarity between the two groups. He simultaneously noted that their main difference was that the sense of estrangement from reality was imposed on psychotics by their condition, while in Expressionists it was self-imposed (Rhodes, 2000, p.82).

According to MacGregor, some researchers have proposed that this stylistic-visual language did not only refer to insanity as the pathology of an individual but as a condition of societal torment as well (MacGregor, 1989, p.225). This view is an important distinction with the tendency to construct parallels with Psychotic Art because patients are actual sufferers and thus their condition has an element of personal experience to it. This is evident from Chapter 1 where psychosis is examined as a condition with serious social dimensions, and shows that actual sufferers have experienced a variety of societal restrictions, criticisms and exclusions. They have also undergone a variety of treatments, some of them being very severe, which have all added to their personal experiences of the disorder. We can say thus

that they have been the victims of societal discord. On the other hand Expressionists approached society itself as being sick and making themselves its victims (some of them were depressed and suicidal but not however psychotic). In this respect, the contents of similarity between the artwork of Expressionist painters and that of psychotic patient-artists are questionable. It is also true however, that psychotic patient-artists may be seen as victims of the social condition which Expressionist painters sought to critique. This alternative angle helps to strengthen the bond between the artwork of these two groups. I will now investigate the work of the most important Expressionist painters with regards to their relationship with the works of psychotics.

4.2.2 Emil Nolde

Emil Nolde was the most important Expressionist painter. He is recorded as having discovered the art of psychotics around the same time as he discovered the art of African tribal cultures (MacGregor, 1989, p.223). Nolde was especially influenced by the Swedish artist Ernst Josephson, who had suffered a psychotic break and has featured in the previous chapter on psychotic artist-patients. Some works by Josephson had been exhibited alongside those of Expressionist artists, and Nolde had acquired a number of them around 1909. The influence of these works on his art, with regards to the use of colour and the technical roughness encountered in them, shows an immediate affinity. Nolde's work *Kerzentanzerinnen* (1910-11) (Fig. 105 [Nolde, 1967, p.143, illus]) displays many similarities to works of patient-artists such as Fig. 17 and Fig. 26. Another factor is that Nolde, like Josephson, had experienced a phase of intense religious belief, which can be witnessed in some of his subject matter. By 1920 Josephson was officially designated in Expressionist literature as

one of the leading influences on the movement (MacGregor, 1989, pp.230-231). Nolde's artwork generally made use of vivid, violent and powerful colours along with bold, rough outlines, that gave his works a feeling of 'primitiveness' and insanity (MacGregor, 1989, p.223). In this case thus, the link between Expressionism and psychosis is found in the similarities of the characteristics (colour and form) encountered in Psychotic Art (from Chapter 2).

4.2.3 Oscar Kokoshka and Ludwig Meidner (1884-1966)

Another well-known Expressionist artist, Oscar Kokoshka, seems to have deliberately cultivated the image of the mad genius. He painted the first of his many self-portraits as a young man in 1908, depicting himself as old and insane. The aim was to stir up controversy in the artistic circles of his day. Almost thirty years later he used self-portraiture to challenge National Socialism with the work *Self Portrait of a Degenerate Artist* (1937) (Fig. 106 [MacGregor, 1989, plate.17, illus]) which also portrayed him as insane (MacGregor, 1989, p.226).

Another Expressionist painter, Ludwig Meidner, also created a series of self-portraits in which he resembled a madman. These were executed between 1912 and 1920 and are an attempt on behalf of the artist to diagnose himself as psychotic through the depiction of 'seemingly insane' subject matter. An example of this is *Self-Portrait* (1912) (Fig. 107 [MacGregor, 1989, p.225, illus]) in which the use of rigid lines along with the sardonic smile on the subject's face alludes to characteristics of the psychotic disorder (MacGregor, 1989, p.225). Many Expressionist portraits seem to depict their creators as mentally handicapped in order to represent psychological pain and intensely disturbed self-reflection, as a number of them had psychological problems (without however being psychotic) (MacGregor, 1989,

p.226). It can be concluded therefore from these works that their similarity with the works of psychotic patient-artists was the disturbed nature of self-reflection evident in the Expressionist movement, which in fact utilised this similarity as a cultural and political strategy. This strategy was used in an attempt to shock the public and create conflict in the art establishment of the day.

4.2.4 Paul Klee

The prominent Expressionist group, the Blue Rider, had come in contact with the art of psychotics through one of their leading figures, Paul Klee. The effect of Psychotic Art on the work of Klee is well documented (MacGregor, 1989, p.233; Maizels, 1996, p.21) and can be seen in his early works of around 1904-1905. More specifically, the influence of psychotic art on Klee can be seen in the direction in which he began to take his etchings after 1903, as noted by Robert Goldwater (seen in Fig. 108 [MacGregor, 1989, p.233, illus] from 1905), which resemble the work of Josephson both formally and expressively (see Fig. 97). By 1912 he had come to suspect that the art of psychotics was likely to have an important impact on the future of Modernist art. MacGregor (1989) has noted that Klee's knowledge of Psychotic Art was based on a genuine understanding of the psychotic condition. By this it is implied that he was more informed and knowledgeable about psychosis than other Expressionists, perhaps through studying psychotic work or through studying the condition itself by visits to institutions (MacGregor, 1989, p.233).

According to Caroline Douglas (1996) in a publication by the Hayward Gallery, both Klee and Kirchner also explored the art of children as a parallel inspiration, and even went so far as to exhibit their own childhood work alongside the products of their mature practices (Douglas, 1996, p.40). MacGregor (1989) points

out that Klee had extensively studied children's drawings partly through the drawings of his own son Felix (MacGregor, 1989, p.232).

However Klee was more obviously influenced by psychotic art after 1922 when Prinzhorn's book came out, a copy of which he kept in his studio (noted by MacGregor, 1989, p.234). Works from this period such as *The Tightrope Walker* (1923) (Fig. 109 [Marnat, 1974, plate.20, illus]) utilise harsh black outlines and simplification of the human form. For Klee, Psychotic Art provided the next logical step in the formal development of his work. He constantly sought new directions in which to expand his creativity and artistic expression. Two schizophrenic artists from Prinzhorn's collection who seem to have had a direct impact on him were Heinrich Welz and Karl Brendel (MacGregor, 1989, p.234).

4.2.5 Alfred Kubin (1877-1959)

Another Expressionist who was captivated by the works of Prinzhorn's collection was Alfred Kubin who went to see the collection in person in 1922 and wrote about his interest in this artwork in a text called *Art of the Insane* (1922). He was fascinated by the ability of the disorder to spawn the vast number of fantasies depicted by the patients. Kubin was impressed with the work of Franz Pohl (1864-1920), who was the most secluded of the patients, in addition to August Klotz, Heinrich Anton Muller and Karl Brendel (MacGregor, 1989, pp.235-236; Safarova, 2008). His own compositions sometimes portray psychosis in their content, one of them depicting a patient of an asylum dressed in a white hospital gown running through a courtyard (Fig. 110 [Vassiliadis, 2002, p.67, illus]).

4.2.6 Summary

This section of the chapter has explored the relationship between Expressionist art and the art of psychotic patient-artists, which was summarised into a number of different approaches. One approach was the influence of psychotic artist-patients on Expressionist artists with regards to the formal elements (Nolde, Klee). Another approach was that of artists attempting to appear insane themselves through the imitation of a style similar to the one used by psychotic patient-artists, an example of which were the self-portraits of Kokoshka and Meissner. A further approach was the use of stylistic characteristics of psychotic patient-artists in order to advance one's artistic development and creativity, as in the case of Klee. Finally some Expressionists depicted insanity in the content of their work (Kubin). Another important point is the critique of society that this Modernist group sought to establish through the portrayal of the psychotic state.

This section also establishes the degree to which formal uses must be kept separate from theoretical explanations of both Psychotic Art (as produced by patient-artists) and Modernist art movements (as developed among artist groups such as the Expressionists). The next part of the chapter will examine the relationship between psychotic art and another Modernist movement, Surrealism.

4.3 Surrealism and psychosis

The next Modernist movement that will be investigated with regards to its relationship to the art of the insane is Surrealism. The Surrealists emphasised the unconscious as a source of creativity (as opposed to everyday reality), which brought

them close to psychotics, whose works also stemmed from the private world of hallucinations and delusions. They claimed that they could produce works during unconscious states (artificially induced with hypnosis or chemical substances) in which they worked without purpose and intention, and that they did not recall the duration of this process. Some of these states are characterised by a lower level of attention and may be conducive to visual hallucinations, which are symptoms similar to schizophrenia (Reitman, 1954, pp.80-83). The Surrealists believed insanity to be the ultimate liberation from cultural norms and standards and thus embraced it freely (Rhodes, 2000, p.84; Maizels, 1996, p.21).

It has been established by Paul Eluard (1895-1952) that the Surrealists habitually tried to imitate the work of insane individuals. In an article published in *Les feuilles libres* he had sent an essay along with poems and drawings all supposedly created by schizophrenic patients from an institution in Poland. It turned out however that most of the poetry and drawings were by Robert Desnos (1900-1945), a poet from the Surrealist circle. Desnos experimented with automatic drawing and enabled himself to draw while in states of trance without conscious control (MacGregor, 1989, p.275). The fact that Eluard tried to distribute Surrealist work disguised as work by mentally ill patients may strike a negative note for the Surrealist movement as it seems to have occasionally exploited mental illness for its own artistic promotion, possibly even for shock value.

There are also many who believe that the artwork of the Surrealists was not actually as 'primitive' as they had intended it to be. Roger Cardinal describes a number of reasons for this. He believes that the Surrealists were conditioned by culture past the point of being able to disconnect their art from it. In addition, they were perhaps too scholarly and complex in order to be able to utilise the sort of

psychological processes required to create truly 'primitive' art, or were too focused on becoming recognised and established within the art world. Nevertheless, their connection to the psychotic state as a source of inspiration has been documented (Cardinal, 1972, p.14). We will now look at individual artists from the Surrealist movement and their connection with psychosis.

4.3.1 Andre Breton (1896-1966)

Sigmund Freud had been a major influence for the movement in its original phase as it was conceived by its founder Andre Breton who was an enthusiast of Freud's writings of the 1920s, and used them as a basis for the formulation of Surrealism. It is interesting to note that although Freud was not interested in Modernist art, he was aware of the existence of the movement and had actually met with Breton in 1921 (MacGregor, 1989, p.272).

Breton had a minor involvement with psychopathology having been stationed in a psychiatric hospital in Saint Dizier while he was in the army during the First World War. The experience of working under Dr. Leroy at Saint Dizier exposed him to a broad range of mental disorders (including psychosis) and introduced to him the notion of alternative realities lying beyond the conventions of 'normality', found in French society in the early part of the twentieth century. This experience was to influence his work until the end of his life. The emotional intensity of insanity and the aesthetic quality of patient images were important ingredients in the formation of the Surrealist movement (MacGregor, 1989, pp.272-273). It is also important to note that at some point in the 1920s, Breton was romantically involved with a schizophrenic woman named Nadja. He encouraged her to draw for him and studied her drawings. When Nadja disappeared Breton did not try to find her, only finding

out later on that she had been committed to an institution (MacGregor, 1989, pp.276-277; Beveridge, 2001).

It has been pointed out by MacGregor (1989) that the influence of psychotic art was even more direct than the psychotic condition on the art of Breton, who wished to immerse himself in his inner world in the same way as psychotic patients. Believing that this would lead him to an increased creativity, he utilised Freudian methods such as free-association and the exploration of dreams as a way of releasing his imagination. He felt that these conditions were “conscious equivalents” of the psychotic condition. The extreme influence of this extended field of psychology on the ideas and work of Breton can be seen in the first Surrealist Manifesto of 1924. Furthermore his work was clearly rooted in the experiences of people he had met at the hospital and on their verbal accounts and resourceful mental connections. One important point is that Breton stopped short of experiments that attempted to utilise alternative states of consciousness (such as the ones conducted by Desnos). He was primarily interested in utilising Freudian methods of exploring psychosis and the unconscious, without actually entering those states as a sufferer (MacGregor, 1989, pp.273-274; Rhodes, 2000, p.84).

We can see therefore that for Breton the importance of Psychotic Art lay mostly in its relative novelty as an expressive technique. Even though he was interested in the psychotic mind state it seems that he mostly exploited it for its ‘shock value’ as it was not a mainstream artistic practice and tended to arouse feelings of ‘fear’ and ‘danger’ (not as a social critique as did the Expressionists). This exploitation can be seen in the case of Nadja and as MacGregor notes, it points toward the manipulation of insane individuals in the belief that their artwork is more

important than their condition (MacGregor, 1989, p.276), possibly even more than their existence as human beings.

4.3.2 Max Ernst (1891-1976)

Another Surrealist who was deeply preoccupied with the artwork of psychotics was Max Ernst, who studied psychology at the University of Bonn. Ernst was sent to a psychiatric clinic near this university where students undertook practical training, and there he came into contact with the sculptures and paintings of psychiatric patient-artists. This first-hand experience of the psychological condition was a motivating factor in his development as an artist. The main evidence for this is the procedure which he used to create his earliest collages in which disparate graphic elements cut from a variety of published sources, such as illustrated books and journals, were combined in unexpected juxtapositions (MacGregor, 1989, pp.277-278).

The later work of Ernst exhibits even more inspiration from psychotic art. Works such as his 1931 collage *Oedipe* (Fig. 111 [MacGregor, 1989, p.280, illus]) have an obvious similarity to *The Miraculous Shepherd* by August Neter (Fig. 13) who is one of the artists in Prinzhorn's collection (Chaplin & Richards, 1997, p.276; Maizels, 1996, p.21). Both of these pieces contain figures which have a similar headdress placed in the middle of the composition, with a small animal. In Ernst's work this animal is held by the figure, while in Neter's it rests on the figure's chest (MacGregor, 1989, p.279; Rhodes, 2000, p.82). Another example is Ernst's bronze sculpture *The Imbecile* (1961) (Fig. 112 [MacGregor, 1989, p.281, illus]) which resembles a sculpture by Karl Brendel called *Devil* (Fig. 113 [MacGregor, 1989, p.281, illus]). These two pieces portray the triangular head of an animal with

elongated ears, horn-like attachments and a flowerpot shaped neck. Influences from the work of Brendel turn up in various sculptures by Ernst suggesting a substantial knowledge of the Prinzhorn collection (MacGregor, 1989, pp.280-281). It is obvious therefore that Ernst had a different approach than Breton to the art of psychotic patient-artists which suggests perhaps a direct borrowing of specific features from their compositions.

4.3.3 Salvador Dali (1904-1989)

A third Surrealist who was heavily concerned with the art of psychotics was Salvador Dali who, like Breton, had also met Freud (MacGregor, 1989, p.272). From an early stage Dali had begun to use approaches to making art that reveal the influence of psychoanalytical theory. For example, he explored the now celebrated Surrealist practice of automatic drawing and, most notably, used dreams as his central subject matter. Despite their disturbing topics, these works were highly popular. This may have been due to Dali's accessible technical style (MacGregor, 1989, p.285).⁴

From 1929 on, Dali intentionally attempted to actually induce psychosis in himself. He justified this by citing the alternative realities and powerful vision such a condition would make available to his artistic practice. He tried various experiments using his famous "paranoid-critical method", a method for generating unprompted ideas with

⁴ Regarding the use of automatic techniques, there were a number of Surrealists who used them in order to liberate the unconscious and aid it in influencing their creative process. Dali used the act of masturbation while drawing the piece *Onan*, while Andre Masson created drawings such as *Enraged Suns*, which apparently did not aim toward any specific objective. Also H. Michaux created drawings under the influence of mescaline (which has been mentioned earlier) in order to expand the limits of his consciousness (Vassiliadis, 2002, pp.68-69; Koskina, 2004, p.42). These artists however were also criticised for their attempts as their work was considered to be less authentic than that of psychotics since it was synthetic and unnaturally produced. The work of patients was considered more authentic because it was created casually and without special effort, as it was due to an inherent disorder (Chemama-Steiner, 2004, p.161).

no basis in actual reality. This method consisted of connecting together random phenomena in the hope of achieving a paranoid state, which is often accompanied by paranoid delusions, such as megalomania (seen in Chapter 1) (MacGregor, 1989, pp.286-287).

Apart from methods of artistic creation, one formal connection Dali's work had with the work of psychotics was the use of double images (images that portray more than one scenario, section 2.3.1). These images were created partly from his attempts to hallucinate and blend together two or more images in his mind (MacGregor, 1989, p.287). This can be evidenced in works like *The Great Paranoiac* (1936) (Fig. 114 [Vassiliadis, 2002, p.68, illus]) where there are hidden faces formed by the figures whose backs are facing the viewer, and the drawing *Paranoid Face* (1935) which also contains a hidden face when turned sideways. This characteristic is also evident in the work of the schizophrenic patient-artist August Neter (Fig. 15), where there is a concealed face formed by the boundaries of the landscape (Vassiliadis, 2002, p.67). In this case we can see that the similarities between the artwork of Dali and that of psychotic patient-artists are extended to the use of alternative methods of creation (which are accomplished through the use of states of mind focused on unconscious or automatic processes, such as paranoia or hallucinations) leading to the use of double or 'concealed' forms. Dali's approach however, can be noted as one utilising the psychotic mind state as a sort of 'gimmick', as an instrument, in order to interest the viewers and promote himself as an artist (Strobl, 2008). It seems that he did not have a genuine interest (which would probably include compassion to some extent) in the psychotic condition but approached it rather calculatingly.

4.3.4 The influence of Prinzhorn's collection on the Surrealists

The full engagement of Surrealist artists with the art of psychotic patients occurred in 1936 when works of patients from hospitals were exhibited alongside the work of members of the movement in two International Surrealist Exhibitions containing Dada and Fantastic art, in London and New York. The second exhibition included works from Breton's and Eluard's private collections of Psychotic Art and also at least one piece from the original Prinzhorn collection. This confirms that the Surrealists had direct contact with the collection, beyond their knowledge of Prinzhorn's book, something that has also been mentioned by the artist Jean Dubuffet, who will figure in my account below of the Art Brut movement (MacGregor, 1989, pp.288-291).

4.3.5 Summary

This part of the chapter looked at the connection between Surrealism and Psychotic Art which, like Expressionism, existed on a number of levels. Some artists were directly influenced by psychopathology and the idea of spontaneous creation, which led them to emulate various alternative conditions of consciousness through which they could tap into the unconscious. An example of this is Dali. Other Surrealists were influenced directly by the content of psychotic works and sought to emulate these works, like Ernst. From this section it is evident that the second Modernist movement in my survey, Surrealism, attempted to explore the unconscious (by using dreams analysis, free-association [Breton]) and emulating the psychotic condition, or alternative conditions, which are characterised by unconscious processes (dreams, hallucinations [Dali]). In that respect they were not interested in presenting their own psychological problems and concerns, or in portraying psychosis as a

condition with social dimensions, or even as a condition of societal discord. Rather they were interested in psychosis solely for its potential as an advertising and marketing strategy for their artwork (mostly Dali, Breton and Eluard). These factors still keep them apart from psychotic patient-artists, concerning the reasons for artistic creation and re-creation of reality, that characterise them. The next part will look at the relationship between Psychotic Art and another Modernist movement of the twentieth century, Art Brut.

4.4 Art Brut and psychosis

The art-historical movement that is perhaps most closely associated with the art of the insane is Art Brut, a name which was first used by Jean Dubuffet in 1945 (Peterson, 1985, p.5). Dubuffet is considered by MacGregor to be the twentieth century artist who was most seriously involved with the art of psychotic patient-artists. By his own account the French artist was influenced by Prinzhorn's book from an early age. It provided for him a model for an alternative view on culture, art and artistic activity, which made him question his own artistic identity. The freedom and sheer possibility he found in the collection permeated his ideas, aesthetic taste, and artwork (MacGregor, 1989, p.292; Maizels, 1996, p.31). We will now look at Dubuffet's art collection and the foundations of the Art Brut movement.

4.4.1 The history of the Art Brut collection

Dubuffet initially accumulated a large number of children's drawings and eventually, post 1940, came into contact with the art of the mentally ill during his

military service, when he observed drawings by a mentally ill female whom he had met at the time (Art Brut Connaissance & Diffusion, 2008; Rhodes, 2000, p.8). He began to collect the artistic products of psychotics in 1945 while visiting Dr. Ferdiere (section 2.2.8) in the Rodez Asylum, where Artaud was held (section 3.2.3), and Dr. Ladame (section 2.1.5) in Geneva (Maizels, 1996, p.32). In one asylum in Bern he met the psychiatrist Dr. Morgenthaler and Adolf Wolfli (the schizophrenic patient-artist who was mentioned in Chapter 2). The French artist displayed so much enthusiasm for the works of the patient-artists he met that the directors of Swiss institutions helped him start a collection of his own. He named this collection Art Brut (meaning “raw” or “unworked”). This collection, which included more than five thousand works, gave the name accordingly to an organisation of about fifty members and over one hundred associates which was formed in 1948. The founding members were mostly artists and included: Andre Breton, journalist Henri-Pierre Roche (1879-1959) and the art critic and collector Michel Tapie (1909-1987). However, among the associate members there were also psychiatrists such as Dr. Charles Ladame and Dr. Max Muller (MacGregor, 1989, pp.293-294; Vassiliadis, 2002, p.62; Art Brut Connaissance & Diffusion, 2008; Cardinal, 1972, p.24; Rhodes, 2000, p.44).

In 1951 Dubuffet dissolved the Art Brut organisation and sent the collection to the United States of America where it was looked after by his friend Alfonso Osorio (who was also a painter) until 1962, when the organisation was reformed and the collection was brought back to France. In the beginning of the 1970s Dubuffet looked for a permanent institution where he could donate his collection, because he was getting too old to take care of it. After contacting various city governments in France, in 1972, by order of the local council, the Art Brut collection was placed permanently in the Chateau de Beaulieu in Lausanne in order to function as a research base and

concurrently a museum exhibition. It was opened to the public in 1976 and became the first public exhibition dedicated largely to the art of psychotics (MacGregor, 1989, pp.295-296; Art Brut Connaissance & Diffusion, 2008; Cardinal, 1972, p.24; Rhodes, 2000, pp.44-45; Maizels, 1996, pp.38-40).

4.4.2 The Ideas of Dubuffet

The theoretical ideas of Dubuffet were conceived in connection to the Art Brut collection. He, like the philosopher Friedrich Nietzsche (1844-1900), believed that artists should be people who were discontented with society, outside of social functions and ideas and that art itself came from societal discord. He further believed that this warped sense of societal conduct could be found in psychiatric institutions, and heralded madness as the ultimate form of individuality (Rhodes, 2000, pp.45-46; Borum, 1993, p.27). Initially, Dubuffet had planned to classify as Art Brut only the art of psychotics, but eventually saw that there was true creativity in other groups as well, like visionaries, and other societal misfits (Maizels, 1996, p.34).

From Dubuffet's perspective there are two drivers of artistic activity: 1) the power of expression; 2) the liberation from cultural standards. In contrast to the definition of art enshrined within the European establishment, both are obtainable without artistic training. Dubuffet wants us to treat art primarily as "an instrument of understanding and an instrument of communication" (MacGregor, 1989, pp.300-301). At the same time, he advocated that perhaps the most important attribute of art is that it should be against cultural influence, in order to be revolutionary and assertive. For this reason, he believed that the insane were a paragon of revolutionary artistic creation as they refused to conform to established artistic values. Dubuffet (similarly to Laing's views described in Chapter 1) believed that psychosis was a choice aimed

at escaping the boredom of social life. It was a blessing in that it was a way to avoid conformity, and he believed that most psychotics reveled in their “alienated” condition (Cardinal, 1972, p.29, pp.30-32). As Rhodes (2000) points out however, Dubuffet did not necessarily believe that the complete ‘liberation’ from cultural standards was actually attainable, as it is almost impossible to create art in a ‘vacuum’. He believed that all art was influenced to some degree but held cultural independence as an ideal goal, as something to strive for (Rhodes, 2000, p.14; Delacampagne, 1993, p.21).

Dubuffet rejected the ‘official’ art found in museums, galleries, academies and salons. He turned his back on the ideas of art critics and historians. In relation to the concept of Art Brut their notion of art and beauty was shallow and confused. He believed that both the concept of ‘beauty’ and ‘value’ (both relating to art) were determined by culture and cultural standards that were destructive towards true creativity. For Dubuffet, the first element of ‘culture’, which was the knowledge of the past (pertaining to artworks of the past), overwhelmed the second element, which was the cultivation of individual thought. Real art was not to be found in museums but on the fringes of society and culture where sophisticated art audiences would not expect to find it (MacGregor, 1989, pp.298-300; Cardinal, 1972, p.27; Maizels, 1996, p.35; Borum, 1993, p.27).

Dubuffet further believed that art was the necessary product of real-life situations and thus never an aesthetic end in itself (MacGregor, 1989, pp.300-302). He wrote about the two stages of artistic production for the anti-cultural artist, the first of which (the “a-social”) was the complete absorption into the self and its creative potential, while the second (the “anti-social”) was the promotion of ones ideas without utilising the prevalent cultural mechanisms. This was what he meant by

“publication without publicity” (Cardinal, 1972, p.33). In accordance with these views, Dubuffet believed that the more secretive the work of an artist was, the more interesting it would be when finally exposed. Concerning this lack of communication, he felt that psychotics were similar to other “outsider artists” (this term will be explained in the following section) (Cardinal, 1972, pp.32-33). In holding this view, he broadened the variety of creative activities involved in the Modernist attack on the values of European bourgeois culture. He promoted the general concept of ‘Outsider’ art, of which Psychotic Art was just a part, and prioritised the basic human need for free expression that the concept of ‘rawness’ tried to capture as the ultimate creative act.

Apart from a strong interest in the art of psychotic patient-artists he was also interested in graffiti and the art of children. Dubuffet was concerned with any form of art that was outside the canon of European culture. He believed that the specimens he had collected were powerful examples of introspective expression which had been produced at a level of creative engagement impossible to reach through established approaches to art. As a result, he felt that Art Brut offered both artists and their audiences a new freedom of form and content. He thought of Art Brut as revolutionary since the works of the collection suggested forms of artistic action that were truly emancipated from the conventional expressions of society, and more in tune with basic human necessity (MacGregor, 1989, pp.296-298; Cardinal, 1972, pp.24-25; Maizels, 1996, p.35; Danto, 1998). In this respect Art Brut differed from the previous movements of Expressionism and Surrealism in that it promoted intuitive expression rather than irrationality. Up to this point we have been exploring Modernism as an exaltation of irrationality in which the formal attributes of Psychotic Art or the psychological states of patient-artists were reproduced in the service of

socio-cultural change. In doing this the Expressionist and Surrealist movements maintained an active interest in being promoted in the art world whereas Art Brut tried to break free of all artistic standards.

4.4.3 Attributes of the Art Brut collection

The concept of Art Brut expanded the concept of Psychotic Art by making it part of a larger whole. In embracing all economically marginal forms of cultural expression, or the creativity of those outside of social responsibility, it was (as Vassiliadis [2002] acknowledges) a Modernist movement that was determined by social criteria and not psychological processes (Vassiliadis, 2002, p.63). It also enabled the art of psychotic patient-artists to shake off the nomenclature ‘art of the insane’ and emancipate Psychotic Art from the authority of hospitals and psychiatrists (Hellenic Culture Organisation, 2004, p.136). In this important respect Art Brut went further than Expressionism and Surrealism in giving a new identity to Psychotic Art.

This was also achieved by introducing the term ‘raw’ which addressed two ideas which were of interest throughout the twentieth century. The first idea was that of the psychological theory of creative activity where ‘raw’ was seen as having a more direct relationship with the roots of creativity. The second idea was a radical critique of Western civilisation, with both social and artistic dimensions where ‘raw’ was seen as a revolutionary position from which to continue Modernism.

For Dubuffet it did not matter what form of art-making he collected (paintings, sculptures, embroideries) as long as it lay outside the established art practices of Western culture. These characteristics ensured that good examples of Art Brut were likely to be uncertain in their origin, the products of ‘marginals’, wanderers or psychotics (Tsalikoglou, 2004, p.21). Many of the artists of Art Brut were

spiritualists like Fleury-Joseph Crepin (1875-1948) and Augustin Lesage (1876-1954), or 'visionaries' living in isolation from the rest of the world such as Henry Darger (1892-1973) (a janitor in Chicago) and Bonaria Manca (an Italian shepherdess). Others were convicts (whose work had been previously studied by both Lombroso and Prinzhorn) like Franz Kamlander (1920-1999) or Miguel Hernandez (1893-1957), or differed because of their religious views, sexual orientation or gender. What these people had in common was that their creativity was unaffected by mainstream culture and the cultural fashions of the day (Vassiliadis, 2002, p.63; Rhodes, 2000, pp.7-8, p.141). Another defining characteristic of Art Brut was that these artists hardly knew each other and did not form any kind of unified group, nor did they intentionally cultivate common stylistic tendencies in the fashion of other Modernist movements (Rhodes, 2000, p.14).

Another shared characteristic amongst the artists of the Art Brut collection was the lack of formal education. Dubuffet considered education as a primary instrument of cultural conditioning, and therefore the lack of it, a serious advantage for any non-conformist. In that respect he was not only opposed to the notion that only educated individuals could create art but believed that the less educated one was, the better art he/she would be likely to create, because he felt that the acquisition of education was unrelated to the presence of intellect in an individual (Cardinal, 1972, p.30). With regards to madness, he felt that the specific deficiencies it caused were actually correlated to excesses in other areas of functioning (Cardinal, 1972, p.30). However, Andreoli (2008) believes that the mere lack of education does not automatically make an artist 'outsider' as this person may be cultivated in other ways (Andreoli, 2008).

It follows that ‘outsiders’⁵ were nearly always self-taught as they created without participating in the discourses of the art world (MacGregor, 1989, p.303; Danto, 1998). Since the will to self-expression was untranslatable into the forward stylistic development of visual arts practice this set a limit on the future development of the Art Brut movement. Thus, even though many of the Art Brut artists were prolific, their work was eventually seen as stagnant and devoid of experimentation (Jadi, 1996, p.25). The inward thrust of Modernism moved on without them.

Another problem for these creators was that many of them began to move toward the cultural norm once their work was shown in public. It is difficult to maintain the ‘outsider’ status once an artist’s work is shown in public places. Dubuffet had wanted to limit the exhibition of Art Brut works, by placing restrictive conditions concerning its exposure, upon its establishment in Lausanne. He asked that works not be moved from the museum, thus attempting to ensure its protection against the mainstream currents (Rhodes, 2000, p.14; Maizels, 1996, p.43). Eventually however, around 1976, artworks were shown publicly and this exposure led to the growing appreciation and fame of some outsiders. In turn some of them developed artistic (and perhaps social) ambitions, and, as Rhodes indicates, this resulted in a decline in the quality, evident in the changing appearance (manifested in the shifting stylistic decisions), of the work (Rhodes, 2000, pp.14-20, p.46).

4.4.4 The art of Dubuffet and its criticism

Some examples of Dubuffet’s art can be seen in *Vie de Paris, la vie de plaisir* (1944) (Fig. 115 [MacGregor, 1989, p.297, illus]), which resembles the art of children

⁵ The term “outsider art” was actually first used by Roger Cardinal of the University of Kent, in 1972, and encompassed artists who were outside of established culture (Petullo, 2001, pp. 5-7; Rhodes, 2000, p.7)

in its simplicity and lack of realistic detail, while *L'homme a la rose* (1949) (Fig. 116 [MacGregor, 1989, p.299, illus]) displays bold outlines, spatial ambiguity and a simplification of the human form, attributes which are also apparent in the work of psychotics like Heinrich Anton Muller (page 131). Another characteristic is the rich texture present in many works, sometimes forming a kind of 'negative relief' on the surface of the painting (Rhodes, 2000, p.30, p.43). Also, a series of erotic drawings entitled collectively *Labonfan Abeber* (1949) (Fig. 117 [MacGregor, 1989, p.299, illus]) are interesting in the crudeness of their subject matter and distortion of the human form.

During the 1940s and 1950s Dubuffet was accused of copying the works he had collected and the degree to which his creative output truly reflected his inner self was put in question (MacGregor, 1989, p.296). Jadi (1996) reveals more criticisms of Dubuffet's approach, such as that he operated according to an archetypal idea of the outsider artist, which was the basis upon which he developed a formula for making art. As his methods conformed to a specific model they could not be claimed to be genuinely spontaneous, and this raised doubts about how close to the roots of creativity the Art Brut concept was actually taking its founder. It is clear that Dubuffet could never be an 'outsider' himself as he was a member of the intellectual elite who debated the nature of art. Furthermore, the background of his thinking arose from previous artistic experience and training (for example, he went to Paris in 1918 to study painting and this experience surely indicates the kind of context in which he was constructing ideas about the outsider revolution, and the raw depths of the creative urge) (Jadi, 1996, p.32; MacGregor, 1989, p.292).

Even though at this point these criticisms for Dubuffet seem logical, the question arises of whether it is in fact possible for an artist to reproduce various states

of mind of ‘outsiderness’, or the social isolation that defines them. Since artists have knowledge of the art world and current artistic practice this would be very hard, but conceivably, if someone were to leave society and isolate themselves completely for a period of years without contact with the latest trends in art, such a pursuit may be possible. Also, if someone were to discover a way to create art in direct contact with their inner-self and expressing their deepest feelings and sentiments, this would bring them one step closer to ‘outsiderness’.

Dubuffet, of course, acknowledged the role of the collection in his artistic development and noted that the creative outputs of outsiders were for him examples of the kind of liberty of form and technique he sought as an expression of his own inner self. Thus his priority was to create art from an inner world, not to adopt or feign the position of an outsider. He thought the mental delirium of patient-artists produced artworks that could be thought of as “landscapes of the brain” (MacGregor, 1989, p.298). Presumably he wanted to map his own mental landscape in a direct and unadulterated way. The ‘raw’ art of outsiders could teach him how to do this.

4.4.5 Summary

This discussion of Dubuffet’s Art Brut movement allows us to survey the changing role of the concept of Psychotic Art (as established in Chapter 2) in the development of a wider notion of ‘raw’ art. The Expressionists were interested in the introspective and stylistic aspects of patient-artists but saw the art of children and tribal cultures (i.e. ‘raw’ art forms) entirely as a source of stylistic creation (MacGregor, 1989, pp.232-233). The Surrealists were interested in the art of patient-artists as one of several categories of unconscious thought processes. The ‘rawness’ of tribal art (e.g. in the work of Ernst) was, like the Expressionists, a stylistic resource.

However, Art Brut positioned Psychotic Art within a wider group of artistic practices that were subversive to the established (and stifling) norms of society. Alongside the art of children and art-like objects from other cultures this movement viewed 'raw' art as 'true' art and thus a necessary, though radical, ingredient of modern life. In the following section I will explore other non-mainstream groups creating 'raw' art.

4.5 'Marginal' art and creative practice

This section of the chapter will focus on the relationship between the concept of Psychotic Art and that of 'marginal' art, as an extended category that includes the creative outputs of non-Western cultures (for example tribal peoples from sub-Saharan Africa), children, and other categories of alternative artistic creation within the Western world, like mediumistic art and Folk Art, by looking at the artwork of these groups of non-mainstream artists. What all these categories of art have in common is that they are 'marginal' in that they lie outside the domain of academic art because its creators have not been academically trained (or have somehow managed to rid themselves of academic training) with regards to the Western canon of artistic creation. In the following sections I will be looking at some of these categories as well as their impact on contemporary visual art practices.

4.5.1 Further developments in Art Brut

As I mentioned above, the art of psychotics was the beginning of the establishment of the concept of Art Brut which later came to include other categories of artists. The acceptance of psychotic patients as artists in their own right, paved the

way for these other ‘outsiders’ to be accepted and their work to be deemed worthy of attention. After the Art Brut collection left France for Geneva in 1971, the artist Alain Bourbonnais (1925-1988) established the gallery L’Atelier Jacob in Paris, which included works by a variety of outsiders from various parts of France (including Bourbonnais himself). Eventually more and more non-psychotic, mostly rural, self-taught,⁶ and folk, creators were exhibited in these collections, bringing the term ‘brut’ into a new context (Maizels, 1996, p.63).

Meanwhile, Dubuffet decided that around one thousand of the five thousand pieces he had collected by 1970 were neither clearly “Outsider Art” nor “insider art” (meaning the academic art of museums and galleries). He believed that they did not have the extreme distancing from culture required of Art Brut works, but at the same time they were distanced enough to be considered a challenge to accepted cultural canons of art. This led him to create a further category, initially called the Annex Collection, which he ultimately named “Neuve Invention” (meaning ‘fresh invention’) in the early 1980s, in order to encompass these works (Rhodes, 2000, p.14; Maizels, 1996, p.40, p.127; Delacampagne, 1993, p.22). The artists of this collection could be of any socio-economic class and profession provided they were more connected to society than the original Art Brut artists, and they were generally easier to locate. Some of them were initially Art Brut artists but had to be moved to this category due to their increasing socio-cultural awareness, instigated by their increasing fame, like Gaston Chaissac (1910-1964). Others were from distant

⁶ The term “self-taught” was initially made popular by the gallerist Sidney Janis in 1942, who used it in order to describe artists that did not follow any sort of established tradition of art-making, meaning mostly the Western tradition of art, but also other non-Western system where art-making is taught (through apprenticeship or training). In more recent years, the term “self-taught” has been used to denote commonalities between Outsider Art and Folk Art (Borum, 1993), although this use can sometimes be erroneous as much of Folk Art is actually taught.

countries, their art depicting foreign cultural traits. From the mid-1980s however, art from Nueve Invention (which also came to be known as “singulier” or “outsider”) was often exhibited alongside Art Brut (Maizels, 1996, p.40, p.127; Safarova, 2008; Delacampagne, 1993, p.22).

The term “singulier” was actually used to describe a group of outsiders (which is rare as they mostly work individually) in 1978, comprised of Raymond Reynaud (b.1920), his wife Arlette, his neighbour Claudine Goux (b.1945), Danielle Jaqui (b.1934) and Raymond Morales (Maizels, 1996, pp.132-136). Their work, (comprising of paintings, sculptures and embroideries) would place them under Folk Art in the United States, and between Art Brut and mainstream art in Europe. This intermediary position in Europe implies an important role for contemporary visual practices because it attempts to bridge the gap between Art Brut and mainstream art (Maizels, 1996, pp.132-136).

In 1986 a group of artists formed L’Aracine, the French equivalent of the Art Brut museum, containing more than three thousand works of outsiders. The same year, Belgium saw the founding of the ‘Art en Marge’ (Art on the Margins) organisation, which concentrated on the art of non-mainstream creators. In England there had been interest in patient art since the late nineteenth century as we have seen. In 1979 a large exhibition in the Hayward Gallery in London was put together by theorist Roger Cardinal and Victor Musgrave (1919-1984), an owner of a gallery in London who was also in the re-formed Compagnie de l’Art Brut in the early 1960s. The exhibition, apart from works by psychotic creators, also included many works by other ‘outsiders’. Although the official ‘art world’ (meaning the critics and historians) in England mostly denounced the exhibition there were many adherents, and two years later Musgrave established the Outsider Archive which aimed to study

and collect Outsider Art. However, despite other exhibitions in the late 1980s in Britain, the Outsider Archive was eventually housed in the Museum of Modern Art in Dublin. With the expanding interest in Outsider Art, naïve art and other non-mainstream artistic practices, new centres sprang up in various cities in France, Holland, Switzerland, and Germany (Maizels, 1996, pp.68-82; *Art Brut Connaissance & Diffusion*, 2008).

At the same time as Art Brut and Outsider Art there were also developments in the sphere of Folk Art, a term which has at times been associated with the above terms. There was an increased interest in Folk Art by the Modernist world during the 1920s and 1930s with exhibitions taking place in the Museum of Modern Art in New York, and of self-taught artists like William Edmonson and Morris Hirshfield in the late 1930s and 1940s. Exhibitions like “Next Generation: Southern Black Aesthetic” and “Black Art-Ancestral Legacy” aimed to blur the distinctions between various kinds of art, by exhibiting artwork of academic artists alongside folk, conceptual and avant-garde artists, without appraising the artwork according to the artists’ institutional or educational qualifications (Berger, 1998; Maizels, 1996, p.112).

In the following decades however, the art establishment seems to have changed its approach towards Folk Art, labelling it simplistic. The interest and appreciation of Folk Art was rekindled in the later part of the twentieth century. The Museum of American Folk Art, which opened in 1961, presented works of self-taught artists, and the Folk Art Society of America was founded in 1987 in Virginia. During the 1980s and 1990s a number of exhibitions of self-taught artists took place, in Los Angeles and New Orleans among other places, culminating in the establishment of the American Visionary Art Museum in Baltimore in 1995. Two years later, a section specializing in twentieth century Folk Art was created within the Museum of

American Folk Art, named the Contemporary Center (Wertkin, 1998; Maizels, 1996, p.113, p.124). After looking at the latest developments in marginal artistic practice, I will next examine other prevalent marginal artistic creators of the twentieth century.

4.5.2 The artwork of “primitives” and children

These two categories of ‘rawness’ are worth isolating from the general domain of Outsider Art because they figure in the anti-establishment stance of not only Art Brut but also the Expressionists, Surrealists and other Modernist movements. One could explore the artistic developments described above in relation to not just Psychotic Art but also the evolution of anthropology and child psychology in the early part of the twentieth century.

We have seen how the creativity of patient-artists became both a mainstream inspiration and radical justification for Modernism. In a parallel initiative, the art of non-Western cultures and of children (along with influences from oriental and peasant art) was also redefined as a legitimate subsection of Modernist art by leading artists such as Klee, Ernst, Dubuffet, Picasso and Kandinsky. This approach was largely due to the dissatisfaction of Modernist artists with the rigidity, over-complexity and arrogance of their own culture. It advocated a turn toward more simplistic attitudes about art and perhaps society in general. The ‘reductionism’ therefore was an attempt toward essential truths that were only to be found in more unsophisticated, and thus more ‘natural’ (meaning in touch with nature) states of mind (Rhodes, 2000, p.25).

This development achieved public notoriety in two infamous exhibitions. The first held in Erlangen (1933) (which eventually became known as the “Manheim Chamber of Horrors” [Brand-Claussen, 1996, p.18]) mixed ethnographic and children’s art with the works of psychotics and Modernists (mostly Expressionist

painters). The other, and more famous, exhibition was called “Degenerate Art”, and was held in Munich in 1937 and Berlin the following year (Brand-Claussen, 1996, p.18; Maizels, 1996, p.21). The concept of ‘degenerate art’ was developed according to the theories and interests of National Socialism and was implemented through the Nazi regime by Hitler himself. His goal was to exhibit all these examples of socio-cultural nonconformity under one banner in order to portray the declining standards of the time, and to cleanse the artistic tastes of the nation (MacGregor, 1989, pp.237-239; Rhodes, 2000, p.88; Maizels, 1996, p.21). In retrospect, these actions probably did more to further the notion of alternative artistic practices than to discourage it.

- **The artwork of children**

In the second half of the twentieth century, there were a number of artists influenced by the artworks of children. Many of the artists of the group CoBra, such as Karel Appel (b.1921), Asger Jorn (1914-1973) and Constant (b.1920), can be seen to derive much of their formal and stylistic development from children’s art. Also, other well-known twentieth century artists, such as Keith Haring (1958-1990) and Jean-Michel Basquiat (1960-1988), were known to occasionally collaborate with children in the creation of art (Rhodes, 2000, pp.30-34).

There are various formal similarities between the pictures of psychotics and those of children. An example of these similarities is the drawing *The Giant* (Fig. 118 [Prinzhorn, 1922, p.247, illus]) by a six year old boy and the drawing of a catatonic adult (Fig. 119 [Prinzhorn, 1922, p.53, illus]). In both drawings the anatomy of the forms is very simplified and unrealistic. Another similarity between the art of psychotics and children is the simplistic and highly subjective portrayal of space which is usually shown as an aerial view (section 2.3.3) (Rhodes, 2000, p.37).

Even though Michel Thevoz supports the idea that a truly creative artist (for instance an Art Brut artist) is one who has found a link between the art of their childhood and that of their adulthood (Thevoz, 1992, p.34), commentators like Roger Cardinal and Colin Rhodes warn us against approximating these categories simply due to formal similarities. Rhodes (2000) points out two main differences between the above groups, one of which is the degree of maturity and life-experience present in works by psychotics (and other outsider artists), lacking in works of children. This may affect the appearance of lines as they seem to be more confident and deliberate in works by the former and more uncertain in works by the latter. Generally speaking, there is an obvious difference between the imperfection of a healthy stage of development (due to level of maturity) and the disintegration of a fully developed psyche (due to psychosis). Another difference is the prevalence of sexual imagery in the art of psychotics which is mostly absent from children's artwork. A third difference pointed out by Cardinal, is that the art of children is not really Art Brut as it is created (at least after a certain age) for a specific audience. This happens once children realise their art is of interest to adults and becomes an attempt toward recognition or acceptance, hence losing its true spontaneity (Cardinal, 1972, pp.36-37, p.49; Rhodes, 2000, p.39, p.63; Strobl, 2008).

- **The artwork of tribal cultures and world art**

It is imperative that we first off acknowledge the fact that in many native non-Western cultures the artworks are not looked upon as in the Eurocentric classic sense of 'art'. They may involve objects used in rituals or cultural practices (such as dance), or may be worn in such ceremonies, or in fact even be part of ones body (such as tattoos). In this sense perhaps, they were never meant to be exhibited in museums.

It is also important to note that some tribal sculptors have been influenced by Western images and many believe that the so-called 'traditional' work they produce commercially is not as authentic as that produced for their own societies (Rhodes, 2000, p.204).

Similarities between tribal artworks and those of patient-artists can be seen in the figurine from New Mecklenburg (Fig. 120 [Prinzhorn, 1922, p.249, illus]) and a sculpture by Karl Brendel (Fig. 121 [Prinzhorn, 1922, p.118, illus]). The two sculptures exhibit obvious similarities in the stances, postures and structures of the figures. The artwork of tribal cultures is also often imbued with magical and ritualistic meanings, similar to that of psychotics, which is something that is quite possibly related to unconscious operations present in both groups of individuals (Rhodes, 2000, p.26). One difference however is that psychotic artists have artistic freedom in their creations whereas tribal artists are more subject to communal restrictions (Prinzhorn, 1922).

This strong presence of ritualistic behaviours and beliefs can also be seen in a number of artists whose work is permeated with voodoo images, such as Hector Hippolite (1894-1948) (a voodoo priest) who has largely influenced various Modernist artists (like Breton and Wilfredo Lam [1902-1982]), Georges Liautaud (1899-1991), and Lafortune Felix (b.1933). Most of these artists' work centers around loa (spirit-evoking symbols of the voodoo religion) or other details of voodoo ceremonies (Maizels, 1996, pp.147-148).

In some African countries, the contemporary artistic production of local artists of lower-socio-economic classes has been channeled through 'alternative' art schools, or creative workshops, established by European artists in order to promote local, individualistic creative visions. A lot of the work combines tribal beliefs,

myths, and images, with a sense of societal discomfort and apprehension found in contemporary Western art. Examples of this are artists like Twins Seven Seven (b.1944), Tshibumba Kanda-Matalu and Cheri Samba (b.1956). A similar situation seems to occur presently in many native cultures (in countries like The United States, Canada, Australia and New Zealand) who often combine their traditions with influences obtained from Western art schools, a need for societal criticism, and a quest for identity (Rhodes, 2000, pp.211-215; Maizels, 1996, pp.150-152).

4.5.3 The art of outsiders

One characteristic of Outsider Art, according to Rhodes, is the presentation of the world in metaphysical terms, as artists often create their own reality (and habitat) through their art, a characteristic also common in psychotics. In this way they take inspiration from their lives (which are often bleak) and react to an internal urge (Rhodes, 2000, p.104). Cardinal mentions two other types of outsider artists: mediums and innocents (also known as “naïve” artists). These categories consist of creators who have no formal artistic training, and began producing art for the sheer pleasure of it, presenting work that is mostly imitative but nevertheless individualistic (Cardinal, 1972, pp.29-30, pp.35-36; Borum, 1993, p.27). In spite of that, Rhodes (2000) distinguishes between ‘outsiders’ and ‘naïve’ artists claiming that the latter are people who create art for a hobby modeling it after the academic tradition. He stresses that even though this art is similar in appearance to Outsider Art (mainly due to naïve artists’ incompetence) it is in fact very different in character and goals (Rhodes, 2000, p.140). In this thesis I will abstain from using the term ‘naïve’ as its meaning is unclear.

- **The art of mediums**

The unifying attribute of Spiritualist artists, or ‘mediums’, is the claim that their creativity is driven by spirits and they are just passive agents. This notion is similar to what Surrealists called ‘automatism’ except theirs was based on a discourse between the conscious and unconscious self. Most spiritualists worked late at night when it was easier to concentrate, but perhaps also most conducive to spiritual interference. Augustin Lesage, a former miner, stated that he began drawing spontaneously after being coerced by a spirit, and took no credit for his creations. Similarly, Madge Gill (1882-1961), Laure Pigeon (1882-1965) and Raphael Lonne (1910-1989), claimed to be guided by spirits, producing delicate pen drawings, partly decorative and partly realistic (Maizels, 1996, pp.56-57, p.80; Rhodes, 2000, pp.143-153; Cardinal, 1972). Intricately detailed arabesques sometimes covering large areas of space (like the nine-metre piece of calico worked on by Gill) seem to permeate the work of all these artists. Some of them contain a mixture of human or animal forms along with abstract geometric or organic elements.

- **Other outsiders**

The other category (Cardinal calls it ‘naïve’ but since Rhodes uses a different definition of ‘naïve’, I will refer to them simply as ‘outsiders’) is composed mainly of individuals who have no academic art training and also no knowledge of the Western artistic tradition or expectations. This category of outsiders has a tendency to use inexpensive non-traditional art materials and in many cases waste products. Apart from the kinds of ‘raw’ materials used in psychiatric institutions, (section 2.1.8) prison inmates often work with boot polish and linen sheets. Others frequently employ sheets of wood or iron, aluminum foil, wire, or found objects like bottles, old

clothing, branches and roots, junk furniture, bicycles, umbrellas, even chicken bones. The painter Jimmy Lee Sudduth (p.1910) used mud mixed with sugar and syrup (as a hardener). The use of these non-traditional materials has been instrumental in bringing Outsider Art closer to many twentieth century Modernist art practices, although, there are different intentions and strategies between the two (Rhodes, 2000, pp.156-158; Maizels, 1996, p.122, p.140).

A common trait in both psychotic artists and other outsiders, is spontaneity (Rhodes, 2000, p.74) and compulsive drive. This compulsion to create (seen in the work of psychotics like Wolfli) is witnessed in outsiders like Lonne, who claims to do all his drawings in a single line (without lifting the pen off of the paper); Bill Traylor (1854-1947), whose creative streak (which was only three years long) produced over one thousand two-hundred drawings; and the Chicago janitor Henry Darger who created a fifteen thousand-page book along with numerous drawings of his private fantasy world, revealing the possibility of an immense fantasy world in a non-psychotic (at least not officially diagnosed) creator. The influence of culture is evident in Darger's work as he uses traced images of figures from magazines and comic books (Maizels, 1996, pp.103-108; McNally, 2005; Rhodes, 2000, p.169). Apart from the enormous output, there is also an obsessive concentration on specific details, themes, motifs, patterns and techniques, leading us to assume that the characteristic of "perseveration" (obsessive repetition, see section 1.1.1) is also evident in Outsider Art (McNally, 2005).

Another common trait between many outsiders, psychotic and not, is the deep isolation many of them experienced. In cases like Achilles G. Rizzoli (section 2.4.7) a schizophrenic architect, the janitor Henry Darger mentioned previously, Malcolm McKesson (1909-1999) and others, this isolation was self-imposed. The above-

mentioned outsiders also shared the fact that they were largely asexual, something that often brought sexual-overtones to their artwork. In cases of institutionalised patients of course, the social isolation was usually imposed by a third party (McGregor, 1992, p.52; Rhodes, 2000, pp.106-110). Related to this is the lack of artistic ambition, as most of these artists created only for themselves regardless of audience, and did not wish to exhibit their work to anyone (Rhodes, 2000, p.140).

Yet a third common trait is the acquisition of identity through the creation of art. Both psychotics as well as other outsiders began to identify themselves as artists, in contrast to their previous identity or lack thereof, after the commencement of artistic activity (Navratil, 2008). A common theme regarding identity is for outsider creators to believe in a direct connection with God, leading to a lot of religion-based artwork, such as the figures of the minister Herman Bridgers (1912-1990), the intricately decorated throne of James Hampton (1909-1964), the soapstone carvings of Raymond Coins (b.1904), the paintings of William Hawkins (1895-1990) and numerous others (Rhodes, 2000, p.171-172; Maizels, 1996).

Another common characteristic is the occasional presence of artworks alluding to magic, alchemy and ritualistic behaviour, like the fetish-like tribal dolls and other magical objects of Michel Nedjar (b.1947). This is also evident in the work of J.B.Murry (1908-1988), a farmer from Georgia, whose decorative forms combined with text (revealing the words of God) can supposedly only be read through a glass of water, and the artist Willem van Genk (1927), who collected raincoats believing that they contained magical power protecting him from the environment. Also, magical connotations are evident in works by many African American artists who have direct connections with African cultures and practices of voodoo, like the root and branch

sculptures of Bessie Smith (1929-1994). These themes are often encountered in art by psychotics as we have seen (Maizels, 1996; Rhodes, 2000,).

- **Visionary environments**

A distinct category of outsider artists involves creators of full-scale visionary environments. These are most prevalent in France and the United States of America. The main characteristic of these works are that they usually consist of whole buildings or even areas (woods, hills, etc.) that have been artistically transformed, revealing the personal universe of their creators. Some times, these transformations occurred directly on the landscape itself, like the pirate and monster forms carved out of the rocks on a Brittany shore by the hermit priest Adolphe-Julien Foure (1839-1910), or the painted rocks and landscape of the African Nukain Mabusa (d.1981) (Rhodes, 2000, pp.176-179; Cardinal, 1972, pp.109-110, Maizels, 1996). This tendency is also encountered in the Gugging artists (section 2.1.9) who often artistically transformed their surrounding environment.

Other times, the creations comprise of structures (in some cases of colossal proportions) made from materials like limestone, stones, cement, wood, metal, wire and broken crockery or shells, over a period of years, even decades. Some of the most well known of these structures are the *Palais Ideal* by Ferdinand Cheval (1836-1924) in France; the *House of Mirrors* by Clarence Schmidt (1897-1978); and the *Watts Tower* built by Simon Rodia (1879-1965), the latter two located in the United States. These structures were built over a period of roughly thirty years, are enormous in size (Cheval's creation is literally a castle, Schmidt's house had thirty-five rooms and Rodia's tallest tower is over thirty metres tall), and delicately and obsessively decorated. Three more such environments, the first two with religious overtones, are

the *Paradise Garden* in the United States, built by the preacher Howard Finster (1916-2001); the *Rock Garden* in India, built by Nek Chand (b.1924), a former roads inspector; and the *Owl House* in South Africa, by Helen Martins (1898-1976). The first of these is a garden containing numerous decorations, statues and religious messages, many of them embedded in cement, while the second is a vast area comprised of decorations and thousands of life-size statues of human and animal forms, comprising, quite literally, a village. This monumental work was created largely from recycled waste, prompting a massive recycling programme, and was architecturally inspired by Le Corbusier (1887-1956), one of the most respected mainstream architects and artists of the Modernist world. The *Owl House* is a building decorated with mirrors and coloured glass, and a surrounding environment containing numerous statues. Other such environments have been located in Saudi Arabia, Mexico, Lebanon, and Thailand (Rhodes, 2000, pp.175-197; Cardinal, 1972; Maizels, 1996).

A common characteristic of these environments/structures is the compulsion and commitment with which the artists in each case worked, often devoting a large part of their life to these creations (some of them beginning their work after retirement), something that is encountered in many psychotics as well. In some cases, like Finster's garden, the increasing fame and publicity of these artistic environments led to commercial exploitation and loss of authenticity (Rhodes, 2000, p.187). Overall though, these environments were not created as a means of generating financial income but for providing their creators (who were termed "landscape dwellers") with a way to fulfill their fantasies of a better world. Many of them did not even consider themselves artists (Maizels, 1996, p.159, p.165).

These environments began to attract the attention of the artworld during the 1960s when photographs of them were exhibited in the Museum of Modern Art in New York City and the Los Angeles County Museum, as well as the art journals *Horizon* and *Art in America*. In 1974 a large exhibition of such environments, called “Naives and Visionaires”, was held in Minneapolis. Such was the impact of these works that a number of societies were founded aiming at their protection and preservation, such as K.G.A.A (Kansas Grassroots Art Association) in 1974, and S.P.A.C.E.S (Saving and Preserving Arts and Cultural Environments) in 1978. They also attracted the help of organisations such as the Kohler Foundation (Maizels, 1996, p.182-191).

Apart from these organisations, the environments also had a strong influence on ‘land artists’ (such as Alice Aycock [b.1946], Robert Smithson [1938-1973], and Nancy Holt [b.1938]) who came to prominence in the late 1960s and early 1970s. These artists built monumental machines and environmental structures (many of which were made from cheap, seemingly ‘worthless’ materials similar to Outsider Art) in an attempt to undermine gallery-based art, connect architectural form to the natural environment, and thus bring humans closer to nature (Dorsett, 1997; Hunter and Jacobus, 1985, pp.364-369).

4.5.4 Folk Art

There was a growing interest in Folk Art (in this thesis I am mostly referring to American Folk Art, in some ways seen as the equivalent of European Art Brut) in the twentieth century, and connections have been drawn between it and other categories such as Outsider Art, visionary art, and intuitive art. One characteristic of Folk Art is that its artists form a community regarding artistic activity (Wertkin, 1998;

Wikipedia, 2008). Folk artists often create in a regressed style, similar to psychotics and other outsiders, and this is a main reason why their art has often been shunned by the artworld, who saw it as less developed and sophisticated than mainstream art. It was Modernism, and its changing views of artwork (that did not focus on the exact representation of reality) that enabled the approximation of Folk Art. The main reason why the two became involved in the twentieth century was that they shared many aesthetic principles, to the point where, sometimes Modernist artworks could be confused with Folk Art. However, these formal similarities, as Danto (1998) points out, do not suggest similarities in vision between Modernist and folk artists (Danto, 1998). For example, Berger (1998) notes that academic artists tend to become more elegant and technically adept as they mature while folk artists become more raw and unrestrained (Berger, 1998).

Some important differences between folk artists and outsiders is that the former belong to a community or traditional society, which, by embracing specific (and perhaps even localised) social values and attitudes toward artistic creation, spawns artistic sensibilities (including aesthetic rules and standards) that largely influence the characteristics or limitations of their artwork. Ultimately, the success of a piece of Folk Art is judged by its community. This is not true of psychotic or other outsider artists who usually create independently of each other (Wertkin, 1998; Davis, 1998; Wikipedia, 2008). Another difference is that Folk Art is usually not created as “art for art’s sake” rather it is intended to be sold, most likely as some kind of utilitarian device (i.e buckets, weathervanes, etc). Outsider artists on the other hand create mostly for themselves, and their artworks are not (at least initially) intended to be for sale (Danto, 1998; Maizels, 1996, p.114; Wikipedia, 2008).

A distinguished subgroup within American Folk Art is from the African-American community. From the mid 1970s there has been an increased interest in these artists, whether they be outsiders, self-taught or folk artists. The impact of this group can be seen in exhibitions like “Black Folk Art in America 1930-1980”, and “Black Art-Ancestral Legacy” in Dallas in 1989, which was an attempt to integrate all the above mentioned areas (outsiders, self-taught and folk artists) of African-American art into mainstream artistic practices. Repeated attempts to acknowledge this art within Western academic standards led to its partial disconnection from the spiritual and political roots located in the communities and beliefs of its creators (Berger, 1998).

African-American folk artists tend to come from a variety of religious, educational and socioeconomic backgrounds, some even being former slaves, and work either as part of a community (like most other folk artists) or by themselves (like other outsider artists), learning through trial and error. Traditionally, the ones who work as part of a community learn the trade either from their family and neighbours or by being an apprentice to a master. The themes their artwork deals with include racism, politics, religion, dreams and unconscious processes, history, totems and tribal beliefs, family and everyday life, and sexuality. Many of these themes, like sexuality, tribalism and religious beliefs are also prevalent among psychotic artists and other outsiders (Berger, 1998; Maizels, 1996).

Folk artists have lately begun to alter some of their techniques and materials in order to make their artworks (most of which are utility objects such as chairs etc.) more practical. There has also been a growing use of technology in the creation of Folk Art, although the extent of that too is determined and regulated by the sense of

community that exists among these artists. Nevertheless, these alterations point toward the changing nature of Folk Art (Davis, 1998).

4.5.5 The influence of Outsider Art on contemporary art practice

The twentieth century has seen a consistent attempt to blend together various areas of art or artistic categories, most notably the above mentioned forms of marginal art with the official art of the establishment. This has happened in a number of ways. One way is through the direct impact of various outsider creators on Modernist and Postmodernist artists. Outsiders like Joseph Yoakum (1886-1972), Lee Godie (1908-1994) and Martin Ramirez (section 2.2.5) largely influenced the artwork of the Chicago Imagists (a group of artists in the 1960s) who in turn frequently arranged exhibitions for Yoakum (Maizels, 1996; Rhodes, 2000). Another example is the ‘alternative’ art practice of Scotty Wilson (1888-1972), a junk dealer who began to draw spontaneously and became famous when his works were collected by Picasso and various Surrealists (Maizels, 1996). Regarding the use of materials it is clear that Outsider Art, with its use of waste products and found objects, inspired Surrealists and Dadaists (for example, Kurt Schwitters (1887-1948), creator of the famous ‘mertz’ environments and collages using found materials) to consistently employ discarded objects and waste substances as artistic media (Rhodes, 2000).

Another way that the blending of mainstream and non-mainstream visual art practices was perpetuated can be witnessed in the withdrawal of certain mainstream artists (like Roger Chomeaux (b.1907) and Alain Bourbonnais) from the world of professional, academic, artistic creation in order to develop their raw, uninhibited, solitary creative urges (Rhodes, 2000; Maizels, 1996). Also various mainstream artists created structures in ways similar to outsiders, mostly concerning the materials

used and the decoration involved. Antoni Gaudi (1852-1926) built a number of such structures using inexpensive materials (like ceramic fragments) in Barcelona, and decorated them with numerous forms and symbols. Other examples are the Central Library in Mexico City by Juan O’Gorman (1905-1982), decorated with coloured stones; Dubuffet’s *Closerie Falbala* (1970-1972) (Dubuffet’s influence by Outsider Art has been discussed in a previous section) in Paris; a municipal building in Austria by the painter Friedensreich Hundertwasser (b.1928); and the house of art-school graduate Bruno Weber in Switzerland. These examples (whether built by one or a group of people) illustrate similar visions between professional artists and outsider artists, along with an artistic urge regardless of financial benefits (Maizels, 1996).

The attempted amalgamation of marginal and mainstream art was also aided by a number of ‘New World’ artists working along the margins between Western art practice and traditional art, bringing the two sides closer. Exhibitions such as “Magiciens de la Terre” in Paris in 1989, displaying creators from third world countries together with artists from Western mainstream practices, and “Africa Explores” in 1991 in New York, showing works from all spheres of African art (traditional and mainstream), have contributed toward this goal. Furthermore, the work of Art Singuliers is another bridge in the gap between contemporary mainstream practice and Art Brut, because in Europe (as we have seen in section 4.5.1) this art falls under a category which is in between the two above extremes (Maizels, 1996). This convergence between Art Brut and mainstream art between has also been consciously explored by outsider artists themselves, like the aforementioned Wilson who, while exhibiting in a London gallery, sold his works outside the gallery for a significantly lower price in an attempt to undermine the authority of official art institutions (Maizels, 1996; Rhodes, 2000).

One other phenomenon of recent times, as the philosopher and writer Christian Delacampagne observes, is that true Outsider Art has become increasingly harder to find since the 1960s, for a variety of reasons. One reason is the difficulty involved in locating such works in the first place (as outsiders are secretive individuals by definition) and then persuading the creators to part with them. A second reason is the decline of Dubuffet's interest in collecting Outsider Art in the last twenty years of his life, which he devoted mostly to his own creative effort as a mainstream artist. As we have seen, Dubuffet was the main supporter (and initiator) of Outsider Art in the twentieth century, therefore it is understandable that when his interest waned, so did the general interest in this art. A final but very important reason, noted by Rhodes, is the growing influence of consumerist society and culture, through advertising and mass media, education, the use of psychiatric medication and the general strain of urban progress. All these external influences on contemporary creators have distanced them from the archetypal 'outsider' as described by Dubuffet and Cardinal, making it increasingly harder to find true 'raw' or 'outsider' artists (Delacampagne, 1993, pp.18-22; Rhodes, 2000, p.131).

On top of that, a number of these artists themselves moved away from the 'outsider' ideal. This may have occurred due to their increasing popularity and interest in their work (as was the case of Chaissac and even Wolfli to an extent), which led them to develop artistic ambitions. Others may have realised the opportunity for financial rewards which, to an extent, is understandable and expectable, as most outsider or folk artists came from the lower end of the socioeconomic spectrum. At the same time though, their art has been tainted by commercial prospects and for some of them creation has become a routine process (a prime example of this is Finster who recruited his family members to help in the

creation of sculptures for *Paradise Garden*, to meet the rising demand for his work [Rhodes, 2000, p.187]). All these notions may partially hint toward a declining status for outsider artists or their move toward mainstream practices, in recent times.

Furthermore, Maizels presents an additional factor in the shaping of contemporary art practices. He suggests that there is a growing impact of Outsider Art on contemporary audiences due mainly to the dissatisfaction of the public (which is not art trained) with the increasing exclusivity and inaccessibility of mainstream, established art of Western societies. Hence, this art is becoming more and more distant and unappealing to the lay person, who wants a kind of art that he/she can understand, relate to, and consequently appreciate. In this endeavour, it is no wonder that this same (untrained) person will eventually be attracted to the simplicity, honesty and clarity of Outsider Art (Maizels, 1996, p.228; Berger, 1998, p.31).

Another prevailing tendency of the twentieth (and twenty-first) century has been for artistic production to be used for political means (like the pictorial messages on political posters); as forms of protest, celebration or territorial markings (evident in the many different functions of urban graffiti); and rehabilitation/expression (like educational programmes dealing with the creativity of homeless people) (Maizels, 1996). So we can see that there is also a general increase in artistic production from people who are not associated with the art establishment. These creators however (such as political activists, underground societal groups, homeless individuals), are not outsider artists in the true sense of the term, as they may exhibit a variety of societal, cultural, or religious influences and educational levels, may often work in groups, and their art is (and is often purposely made to be) publicly exhibited. All these characteristics distance these creators from the typical 'outsider'

mentioned above, but they do point towards new, alternative trends in artistic production.

The above developments in twentieth century art practices: the blurring of the boundaries between mainstream art and non-mainstream art; the move away from the art of the establishment; and the general increase in artistic production in the service of social or political change; make this researcher realise that in the present age, the distinctions between various art styles, as well as motivations for creating art, are in fact ephemeral. The concept of art is becoming more inclusive and multi-faceted as time moves on, its functions more diverse, and contemporary creators must be cautious not to allow it to stagnate. This calls for novel artistic practices, with roots deep inside the souls of the artists, the way the ideal of Outsider Art prescribed them.

4.5.6 Summary

In these sections we can see a difference evolving between the concept of ‘raw’ art adopted by Modernism (Expressionism, Surrealism, and Art Brut) and ‘raw’ art as it exists in the various manifestations we have explored (psychotics, children tribal people, outsider artists, folk artists). For Modernists ‘raw’ art was art that was outside of the established Western ideals which had been promoted for centuries. It lay outside the mainstream artistic activity of the establishment found in museums and galleries. They wanted to utilise this new concept of art, mostly in a visual manner, by adopting creative techniques, formal attributes, or the general sense of freedom it encompassed, in order to develop a new concept of art and artistic practice. These goals however, were very far from those of the groups we have looked at. Their creativity was the product of their own circumstances and was in no way ‘revolutionary’ or a process of development. It may be assumed that it was not

created as ‘art’ but as a necessity. All these factors therefore make it more genuine and in touch with the inner world of each artist, than any form of mainstream art which is aware of the established notions of artistic practice.

This Chapter has introduced the crucial concept of Simulation. I developed the term in order to explore the way artists in the twentieth century allowed the characteristics of the psychotic state to influence and stimulate their artistic production. The importance of this concept lies in its subsequent application in the post-modernist context and its consequent use, filtered through my own personal vision and imaginative interpretation of it, in my artistic output as a creative practitioner. This art-oriented exercise is in fact the crux of my research. The following chapter will apply the concept of Simulation to artistic practices of the present day by exploring my own creative endeavour as a studio artist.



Figure. 105
Kerzentänzerinnen



Figure. 106
Self-portrait of a degenerate artist



Figure. 107
Self-portrait



Figure. 108
Threatening head

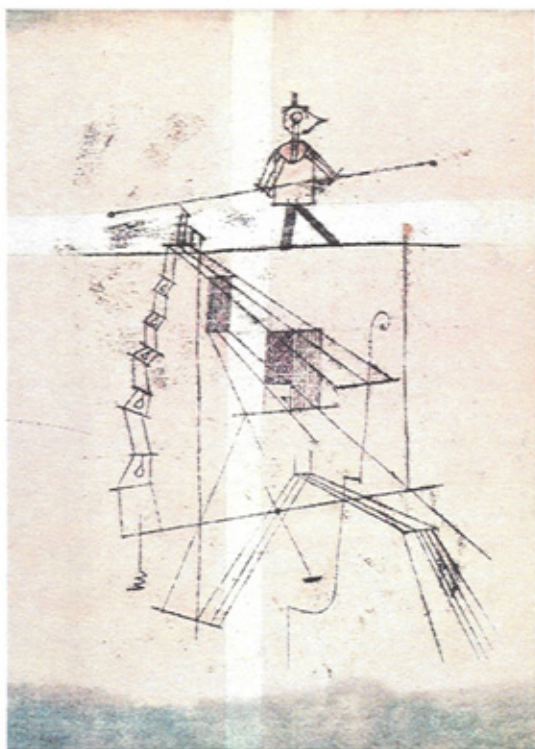


Figure. 109
The tightrope walker



Figure. 110
The path

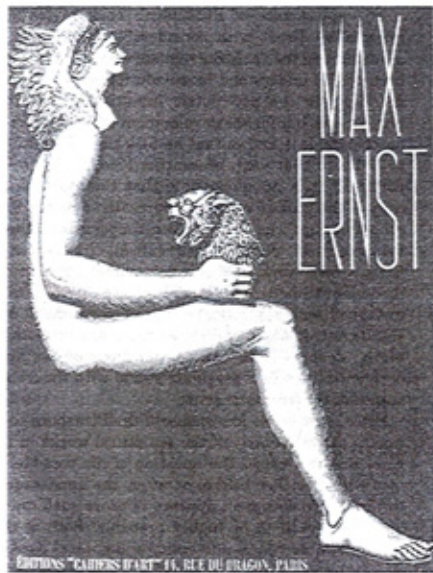


Figure. 111
Oedipe



Figure. 112
The imbecile



Figure. 113
Devil

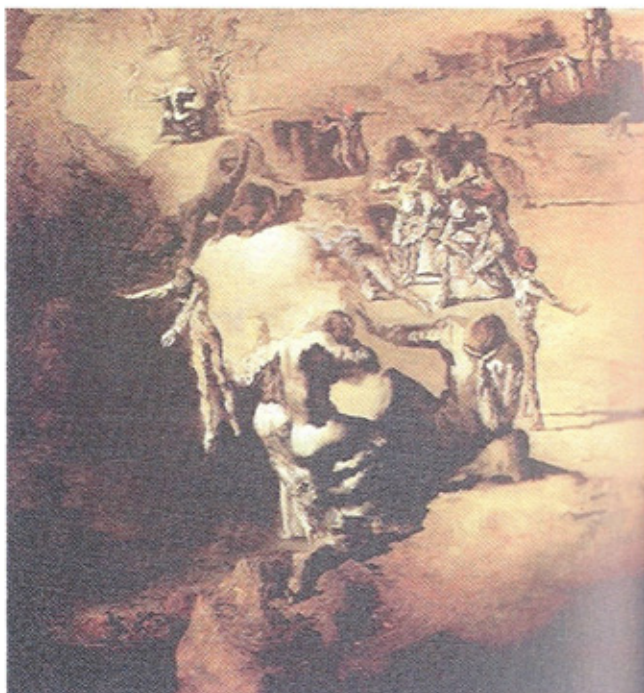


Figure. 114
The great paranoiac



Figure. 115
Vie de Paris, la vie de plaisir



Figure. 116
L'homme a la rose



Figure. 117
Labonfan abeber

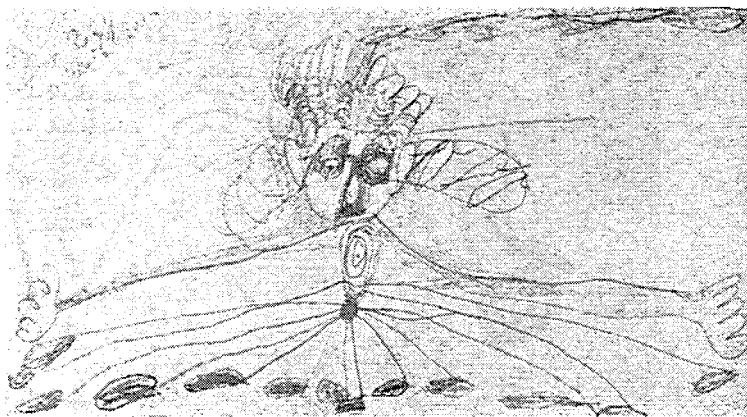


Figure. 118
The giant

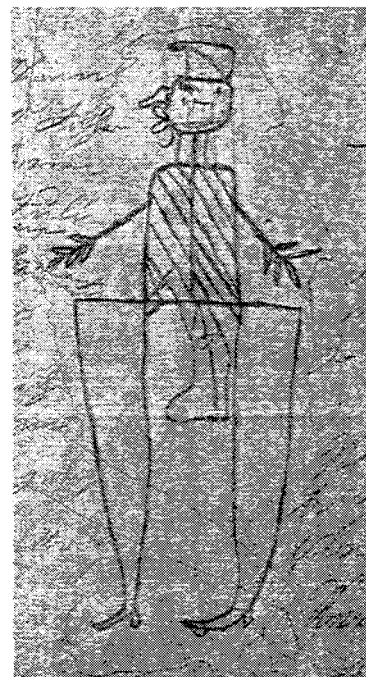


Figure. 119
Childish figure

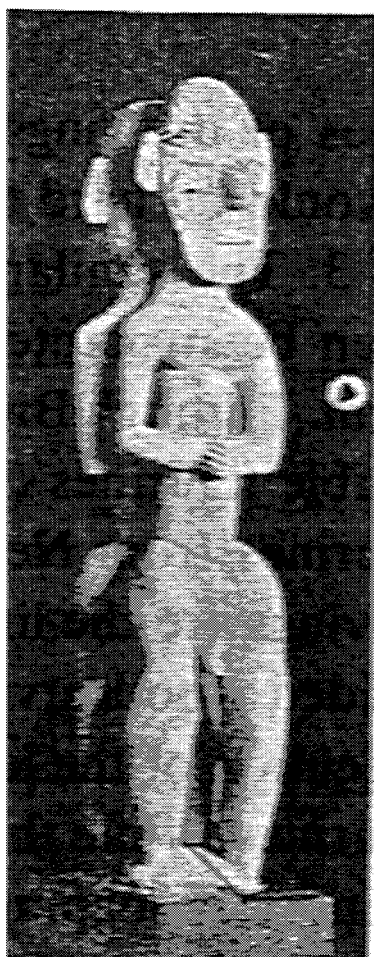


Figure. 120
Double figurine



Figure. 121
Dual figurine with four faces

Chapter 5: My Studio Practice as a Simulated patient-artist

So far in this thesis we have been introduced to the concept of the patient-artist followed by that of the artist-patient, eventually leading to a third term, the Simulated patient-artist. In this research, each of these distinct interactions of psychosis and art, of psychotic condition and creative process, adds another plane of development to the cultural entity I have identified as Psychotic Art. This entity has a particular historical location related firstly to the rise of the mental institution primarily during the eighteenth century and secondly, to the more recent period of radical art practice known as Modernism.

Up to this point, my investigation has moved no further than the heyday of Art Brut (in the '50s and early '60s) in which the Simulated patient-artist gained cultural supremacy. After this, whilst art therapists continued to utilise the concept of Psychotic Art, avant garde practitioners mostly turned their attention to other, more postmodern, ideas. Whereas the legacy of movements such as Art Brut survived in mainstream practices, these postmodern ideas did so in relation to conceptual approaches that did not privilege the 'expressive' capacity of painting, sculpture and drawing. Furthermore, because the meaning of an artwork was now constructed through the act of reception (as in for example Installation Art) rather than that of production, a fundamental value (a uniquely authentic relationship of artist and creative freedom) had been removed from the equation.

In this chapter I will describe the contemporary context in which I now wish to return to the concept of Psychotic Art as a creative practitioner. I will provide a brief description of the work of some living artists who Simulate Psychotic Art or the psychotic condition, in order to sketch the kind of background of activity an artist like myself operates in relation to. Then, having used this background to give the reader a sense of what has happened to the concept since the sixties, I will move on to my own activities as an artist and explain how I embraced the notion of ‘Simulation’ in order to discover if it is still possible to work with the Modernist recipe.

This section of the chapter reaches the culmination of my research project and provides evidence of the practical work I have undertaken during my doctoral project. As such, it serves as a platform for the final chapter of the thesis which offers a conclusion to my research through an evaluation of my project, clarifying my findings and elaborating the new framework I have developed that, it is my contention, reinvigorates and contributes to the onward transformation of the apparently outmoded concept of Psychotic Art.

5.1 The concept of Simulated Psychotic Art

According to biologist Henry Atlan, the cultivation of delirium is intrinsic to the development of the imagination, a necessary component for the formulation of any truly original scientific hypothesis. This notion of delirium (or psychosis in this case) embodies the “projection of the imaginary upon the real” (Thevoz, 1992, p.39). Thevoz (1992) further commented on the even greater demand for the cultivation of psychosis in artistic practices, which have a greater need to explore new alternatives to artistic representations, by projecting the imagination upon reality (Thevoz, 1992,

p.39). This of course would further justify the evocation of the psychotic state in artistic creation, something which is essential to my own practice.

This experience, (psychosis, or madness as commonly named in the past) has been the instigator of much creative activity. There are numerous works in literature, poetry, drama and musical practices which at one point or other have invoked the psychotic state. Most of these practices, saw the psychotic state as a well of inspiration, something that should be exalted, rather than as a derogatory condition. This is also my goal and, encouraged by the ideas of people like Thevoz, I hope to respond to the complex challenge of this arts/psychosis axis through an experimental, and I hope imaginative, exploration of its potential as a creative method. From the beginning my goal has been to extract from my understanding of psychosis (developed through both my reading and my personal experiences) the characteristics that I personally felt could be utilized as a practice-led fine art research project. This personal perspective is important: I am using this research to develop ideas about my practice as an artist in order to speculate on the strategies current practitioners might adopt towards the ideas that seemed to stall with the Art Brut movement.

Apart from psychosis, many other aspects of human life and society (such as crime, physical illness, poverty, terrorism and war) have repeatedly inspired creative responses from artists. The examples are so numerous that they seem to constitute the very fabric of art. If we think about the amount of artistic activity that has addressed themes such as World War II, the Twin Tower bombings in the United States, various national genocides or dictatorships, political assassinations and starvation in Third World countries, we start to get an idea of how often negative themes and ethically complex issues provide springboards for the imagination. There is also an abundance of literary works (mainly works of fiction by both past and contemporary writers

working in various genres) whose topics and characters reflect psychopathological states. With this diverse and extensive field of activity in mind, I felt encouraged to proceed with my own project.

In Chapter 1 I cited John Modrow's book *How to become a schizophrenic* (1992). The book title caught my imagination with its ironic use of 'how to' which suggested the constructed nature of the illness. This was analogous to my own project. I thought of my thesis as a recipe book for producing a twenty-first century version of Simulated Psychotic Art. I was using the theoretical aspects of my research as a guide to reach a practice-led conclusion to my doctoral project. When Modrow explains how in his childhood, difficult social experiences combined with malfunctions in his family life led to his psychosis, he is describing how certain past conditions, or actions, became formulas for producing the state of mind that led to his institutionalisation.

I realised that I could model the relationship between my own background and the current "institutionalisation" of my creative practice at Northumbria University as a similar form of cause and effect. For example, if the effect were a Simulation of the condition of being a patient-artist, then I would need to consider my past as problematic and treat my present situation as an opportunity for routine therapy. This was an attractive idea. By getting as close as possible to my inner self and letting this self create freely, I could get close to the psychotic experience.

Our first historical sightings of patient-artists are in Hogarth's lithograph of Tom Rakewell (Fig. 4) and also the one by Lenz and Sturt (Fig. 6). In both these pictures, along with more recent pictures of August Walla's room at Gugging (Fig. 122) (Vassiliadis, 2002, p.77, illus), the room of patient-artist Nikos Karydis at the Attica Psychiatric Hospital (Fig. 123 [Hellenic Culture Organisation, 2004, p.58,

illus], Fig. 124 [Hellenic Culture Organisation, 2004, p.61, illus] and Fig. 125 [Hellenic Culture Organisation, 2004, p.61, illus]), as well as a number of other examples (listed throughout the thesis) it is evident that patient-artists have drawn on the walls of institutions for a long time (see discussion on pages 72-74). This suggests that, from the beginning, the realisation of Psychotic Art was linked to the institutionalisation of the psychotic patient.

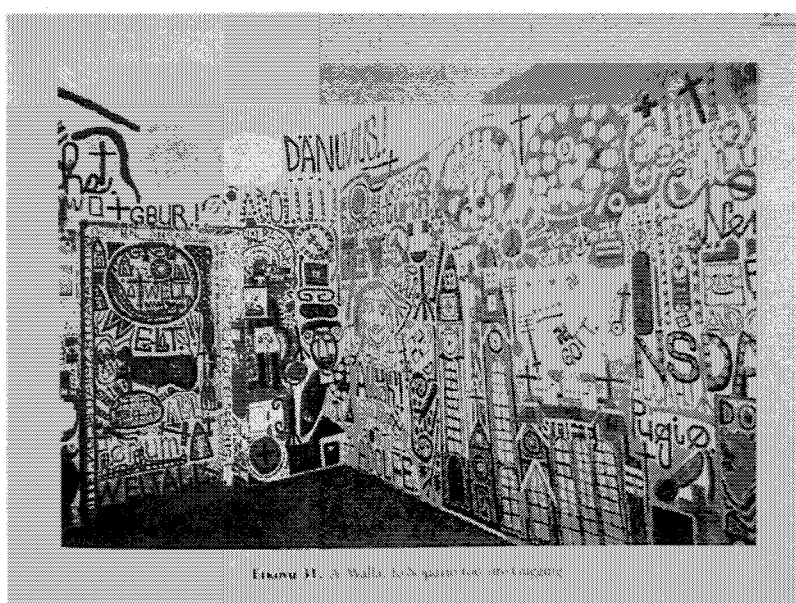


Figure. 122

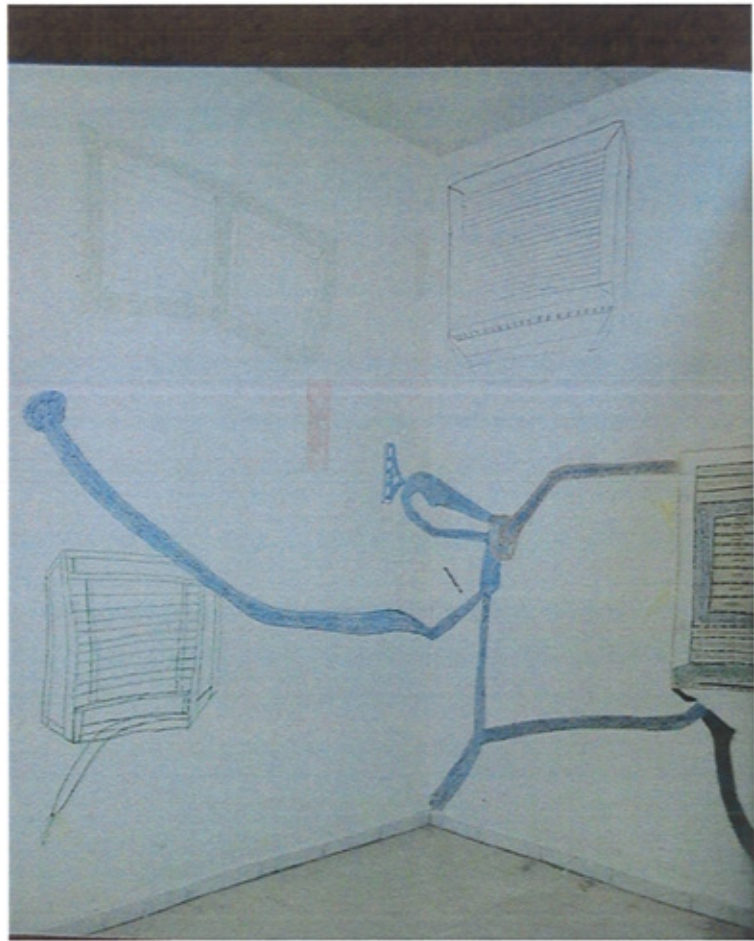


Figure. 123

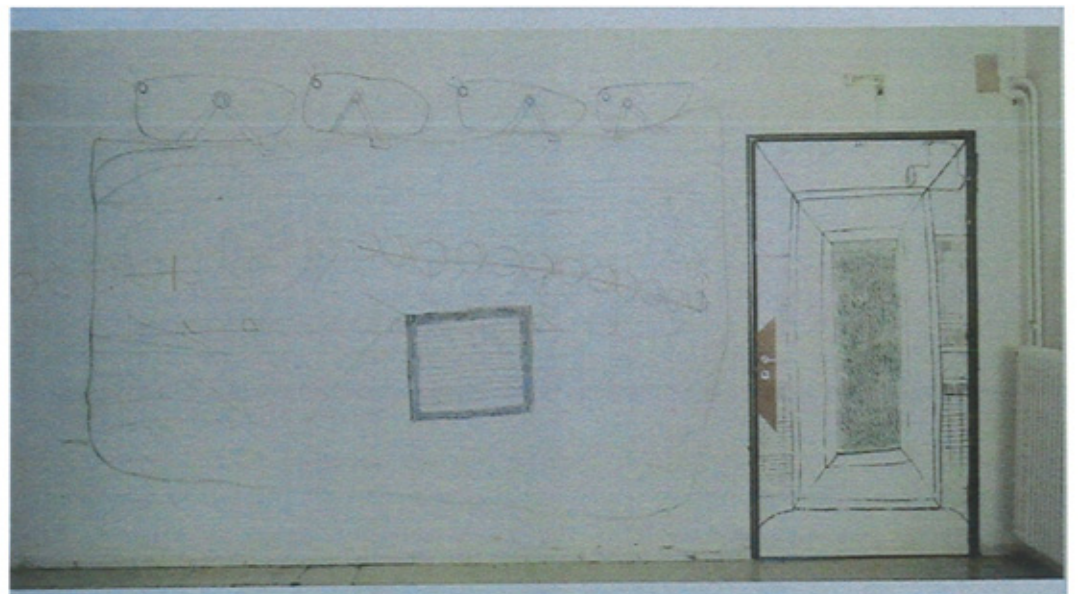


Figure. 124

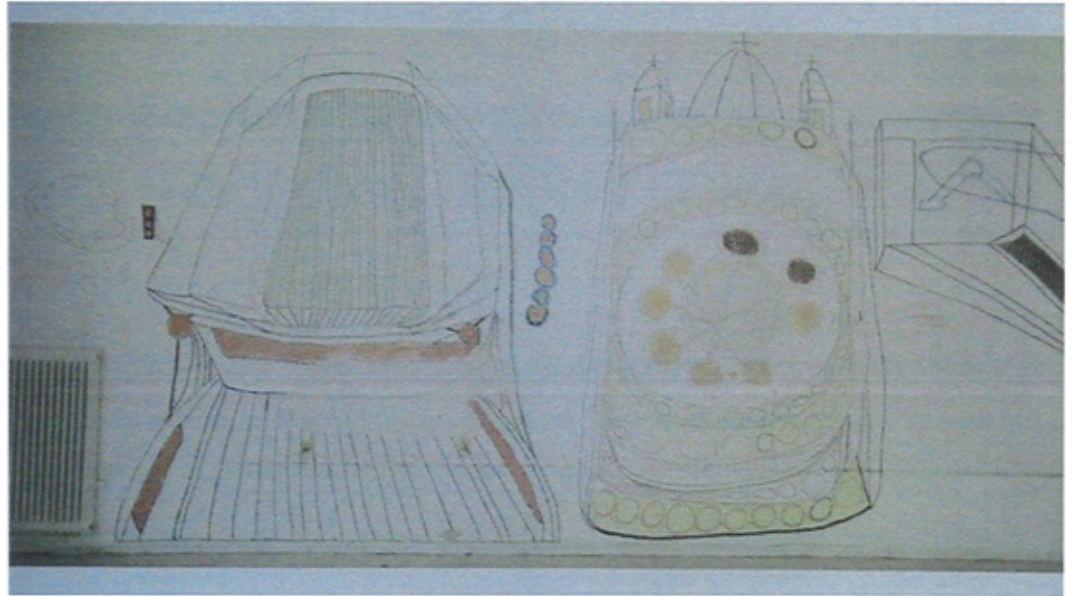


Figure. 125

The above examples therefore, are more of a connection between institutionalisation and artistic activity than psychosis and art. It seemed to me that I could allow the closed environment of the art school to trigger my Simulation. I could metaphorically start drawing on the walls. In this respect, I would merge the institutionalisation of the psychotic with my own institutionalisation. This leads, in turn, to a consideration of the various indicators of psychosis described in the previous chapters as formulas for the act of institutional realisation. In the next section I will survey my theoretical studies in the light of my decision. What follows is my first attempt at a list of attributes and representations that could feature in the Simulation of Psychotic Art, that will get me drawing on the walls.

5.2 Psychotic Art, the ingredients.

The ‘how to’ recipe book created by my research suggests that a number of expressive representations of psychotic conditions, need to be mimicked in order to signify the presence of a Simulated patient-artist. For example, my institutionalised practice will need to express delusions (or irrational thoughts), that exist in my mind only. I could, for example, set up rules for a visual language that documents imaginary tastes or smells and false feelings in my body. There should also be, according to my earlier research, a lack of coherence in my thoughts and actions, confused thought patterns and behaviours, and an inability to distinguish reality from fantasy. If a real patient-artist uses the wrong words, or makes the wrong connections between words, then the Simulated patient-artist should possibly explore similar semantic mistakes in their artworks and repeat these actions over and over again (see Chapter 1, section 1.1.2). These are the kinds of ingredients by which Simulators have explored the psychotic condition from an artistic/creative point of view. These were the sorts of psychological frames used in Expressionism, Surrealism and Art Brut and they were accompanied by a range of formal features that linked the production of Modernist artworks to the paintings and sculptures made by patients in asylums.

5.3 Formal features of a Simulated psychotic practitioner

The main characteristics concerning Psychotic Art that history tells us are likely to be copied in Simulated psychotic artwork, are various. Indeed, my earlier chapters suggest a wide variety of competing ingredients for this part of the ‘how to’

book. For example, colours may be used irregularly or separated, aura-like, from the form of the represented objects and these objects may be, in turn, irrationally blended together or faded unnaturally into the background. Lines may occur as simple scribbles making no meaning or reference at all. We can use purely geometric shapes combined with ambiguous compositional spaces. In the work of patient-artists there may be an absence of order in everything or, in the other extreme, there may be a claustrophobic symmetry and repetition of compositional elements. As a result the recipes for psychotic Simulation have used the above to create artworks that make extended use of pattern and ornamental design, of marginal and non-representational areas of the picture plane, and simplified or distorted forms, sometimes to the point of complete abstraction. If one unites these attributes of artworks with the Simulation of psychological frames, such as the use of symbols whose meaning is only clear to the artist, we have an idea of the 'how to' legacy of Modernism. This was the recipe book available to artists as Postmodernism changed the context in which progressive art was produced. At this point we can look at some contemporary artists who seem to continue to Simulate the creative process of the patient-artist. The question here concerns the changing recipes in the 'how to' book.

5.4 Late twentieth century artists who Simulate Psychotic Art

We will now turn to some selected artists who have documented their interest in Psychotic Art during the past decades, as well as the actions that construct the definition of the 'Simulator' change in relation to forms of patient-artist replication described above. My first example is Ken Warneke (b.1958) who creates collages from photographs of facial features and body parts, which he removes from medical

books and magazines. He reassembles these cutouts in grotesque distortions of the human face (Fig. 126 [Hammer Gallery, 2007, photograph]) (Hixson, 1997, p.45).

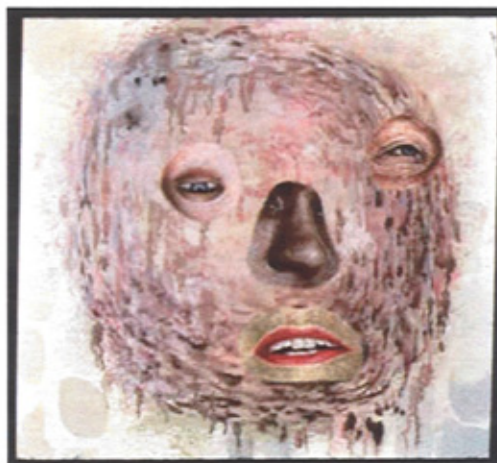


Figure. 126

The artist claims to be playing upon the public's recent obsession with schizophrenia. Warneke values the process of collage for its capacity to confuse the viewer's expectations of a coherent subject (an attribute of Psychotic Art discussed in section 2.4.1). Indeed the disconnected body parts effectively evoke the presence of a disintegrated personality (perhaps the artist's own), and the combinatory unity made possible through the act of collage could perhaps be read as an attempt, by Warneke, at creative reintegration. He plays upon people's ability to read photographs and also, through his work, alludes to the disintegration of contemporary society (Hixson, 1997, p.45).

The artist follows the Simulation techniques found amongst Surrealists and is included in this update to show how the Modernist notion of Psychotic Art, a form of mainstream art activity that replicates the visual art practices found amongst patient-artists, has been maintained in contemporary culture. Two present-day notions may explain the on-going appeal: firstly, the widespread acceptance of the psychoanalytic

narrative as a measure of personal authenticity, and secondly, the pervasive myth of the mad genius (discussed in Chapter 1, pages 40-41) which gives rise to the received idea that high levels of creativity are accompanied by severe mental distress. As a result, Warneke is a good example of a sustained tradition that comes down to us directly from the great age of patient-artist Simulation in mid-twentieth century Modernism.

The dissolution of personality is also explored in the work of my second example, John O'Connell, a contemporary photographer who has articulated an interest in mental health topics and described his fascination for the schizophrenic condition in general (O'Connell, 2005, p.20). His photographs are purposely overexposed to give his subjects the appearance of dissolution and decay (Fig. 127 [O'Connell, 2005, p.27, illus]).



Figure. 127

As with Warneke's collages, we are encouraged by the artist to read this technique as an evocation of psychotic disintegration. However, O'Connell's technical inventiveness does not build on the artistic activities archived in the paradigmatic collections of Psychotic Art. Here we move beyond the Simulation of a formal language or the adoption of psychotic symbols, to an experiential engagement with the psychotic condition itself (O'Connell, 2005, p.20). It is as if the hallucinations and delusions described in Chapter 1 were given a shared perceptual currency by the malfunctioning of a camera. This provides us with a modification of the original goals of the Modernist Simulators. Here it is the actual condition that fascinates rather than the opportunity for creative freedom. With O'Connell we are in a position to appreciate the journey of Psychotic Art into the postmodern era.

Mathieu Briand (b.1972) is my third example. He uses the term "controlled schizophrenia" to describe a series of installations (that utilise video, electronic sounds, lights and other media) in order to generate the actual experience of a divided self in the mind of the viewer. These installations demand the participation of the viewer and aim to mystify them by confounding their perceptions (Jouanno, 2004). Briand's work thus relies on the habitual connections that occur in the 'normal' mind, and on the individual thought processes that break up and subvert these routine patterns of expectation. An example of his work is the 'audio-video helmets' (Fig. 128 [artnews, 2007, photograph]) that enable the wearer to transport themselves to another place with other participants without being aware of where they are or what is expected of them (Jouanno, 2004).

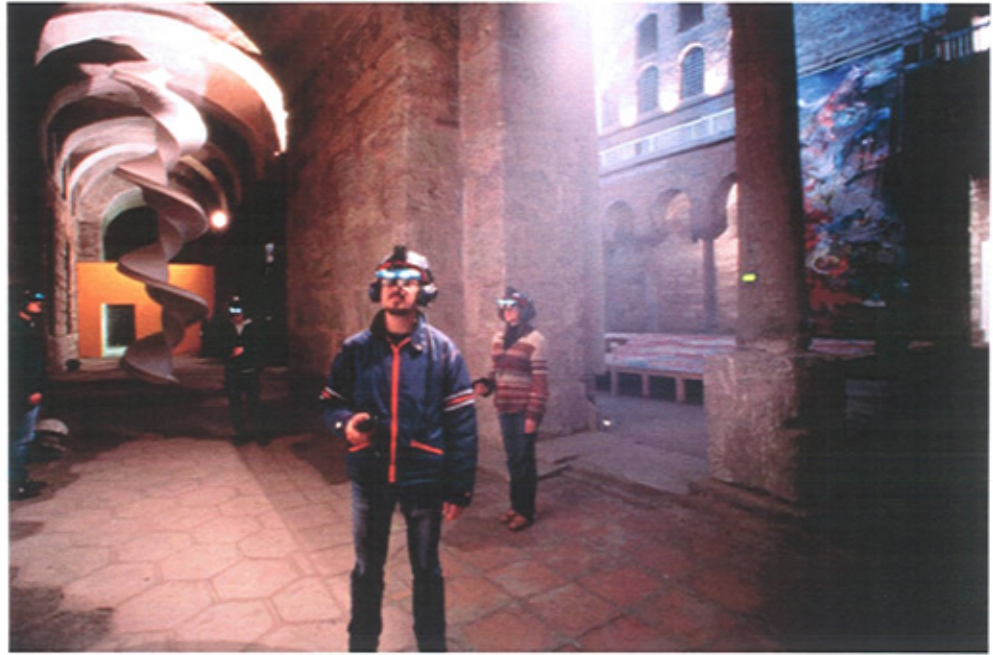


Figure. 128

In Briand's work, the Simulation of Psychotic Art addresses the chaotic thought processes and perceptions of the non-psychotic mind rather than the expressive language of the institutionalised patient-artist. His references to ritual, prayer, and icons are designed to trigger responses in our everyday psychological makeup rather than promote the exceptional creative states of the psychotic mind (Jouanno, 2004).

Perhaps the most telling example of our postmodern modification of Psychotic Art is the use of viewer perception in the work of Dan Graham (b.1942). His early video installation *Past Future/Split Attention* (1972) (Fig. 129 [Schneider & Guagnini, 2003, p.99, illus]) involved two performers whose conversation continually changed roles and confused identity.



Figure. 129

As Graham creates two conversing selves he also generates a model of a split self that mirrors the psychotic condition described in Chapter 1 (pages 51-52, 56). Two celebrated theorists and cultural commentators in the 1960s and 1970s, Marshall McLuhan (1911-1980) and Gregory Bateson (1904-1980), recognised that the psychotic condition imposed on the viewer by Graham's video is based on a "double bind" procedure (Schneider & Guagnini, 2003, p.98-99). As we learned in Chapter 1, when a child is not able to please either parent, the psychological double bind can produce schizophrenia. Graham places the viewer in a similar situation, and this is a good example of the interests of contemporary artists who have shifted the emphasis from the Simulation of form and technique to the Simulation of the psychotic experience. The approach is conceptual rather than technical.

In my last example we have an artistic interest in psychosis that completely ignores the original target of individualistic creative freedom (as proposed by the Expressionists, Surrealists, and Art Brut movements) and applies the patient-artist

experience to an artistic engagement with a commercial service industry. The marketing division of an arts organisation called Exhibitsgroup/Giltspur (named Elan) in association with Janssen (which is a main manufacturer of antipsychotic drugs) has invented a set of 'virtual-reality goggles' (Fig. 130 [Kelley, 2000, p.54, illus]) that are programmed to create visual and auditory hallucinations. The product uses a computer programme to replicate the experience of a schizophrenic patient (Kelley, 2000, p.54).

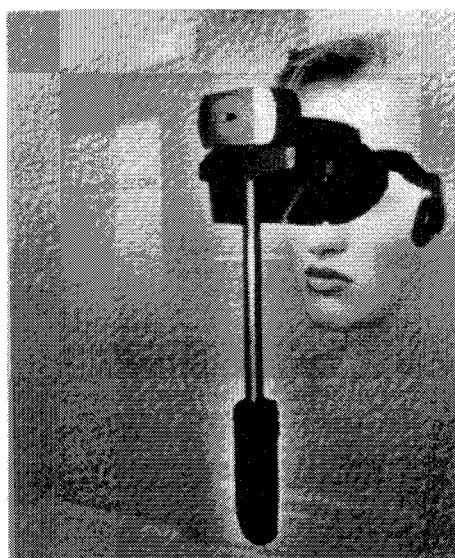


Figure. 130

This is a good place to stop. We have seen how art practice has changed since the 1960s and taken the concept of Simulation with it. We now have a re-enactment of psychotic symptoms and states of mind within the act of public reception, rather than an asylum to studio transferal of creative method from the therapeutic context of the patient-artist to a mainstream art world of the renowned artist-practitioner, who experiments with the status of art by emulating institutionalised psychotic sufferers. This is the change that my 'how to' book has to address.

5.5 My practice, my ingredients.

The brief discussion above aims to provide enough understanding of the current situation to move the reader forward to the immediate context in which I make art. In doing this I will discuss the methodological framework that has evolved during the period I have been undertaking research and then use this to outline my own Simulative ingredients. This last point concerns the entirely experimental, uncharted territory of practice-led enquiry. A doctoral researcher based in the visual arts has no alternative but to invent methodologies that are often highly idiosyncratic, often by redesigning existing processes (such as ‘action research’) to achieve credible findings that emerge within the practices that are under scrutiny. It is my hope that the practical method I have slowly brought together over the past three years does constitute a manual for some form of patient-artist Simulation in the present-day art world. Therefore, in this section, my aim is to articulate the connection between my artistic activities and the concept of Psychotic Art, as discussed in this thesis, as a historical and theoretical proposition.

My task here is to take ownership of the Simulation technique identified in the culmination of my theoretical research that has become, on the account above, a rather different idea in the postmodern era characterised by conceptual and installation art practices. As explained above, context and audience experience have come to overshadow content and artistic intention in these practices and, as a result, the kind of ‘how to’ book that might have sufficed for the Expressionists, Surrealists and Art Brut movement is no longer viable. Indeed the ingredients of these movements were where my intellectual and emotional engagement with the visual arts began. As a master’s student at Western Kentucky University I was employing the

Modernist concept of Simulated Psychotic Art without recognizing that such an approach could be distinguished from the practices of the art therapist, or from the interests of the psychologist reflecting on the ancient link between ‘madness’ and ‘creativity’. Understanding the approach of the Simulator as a Modernist strategy aimed at mainstream visual arts culture has been the fruit of my research. It has made a considerable impact on my practical work and the point of this section is to explain how my interest in the field of psychology (I have an undergraduate degree in this discipline) became an interest in the darker, more negative domains of the human psyche and their expression through object-based art forms, which in turn has become a research-informed interest in being an artist who addresses the problematic aspects of conformity and emancipation from societal norms.

The realisation that the concept of Psychotic Art was historically and theoretically linked to the institutionalisation of the psychotic patient and the therapeutic generation of a new kind of creative agent, the patient-artist, led to an interest in my own institutionalisation in the closed environment of an art school. An important ingredient in the triggering of my own Simulatory technique would be the redefinition of my past artistic practices as problematic and the treating of my present situation as an opportunity for routine therapy.

Firstly, I am going to provide a photographic introduction to my practice during the period I was involved in theoretical research. This represents a type of approach that is problematic in that it clings to the legacy of Modernist Simulation. As such, it forms the background to a further section that presents a selected set of ‘institutional wall-pieces’ that were created after I had written the preceding chapters and had developed the understandings discussed in this Chapter. I therefore hope to provide evidence of, first, the studio life that contextualised my initial interest in the

history and theory of Psychotic Art and, second, the resolution of this studio work as a series of temporary wall-based texts which consummate the concerns of the thesis that grew from that interest. Together, these two aspects of my practical activities aim to furnish the final section with the story of my struggle to establish a contemporary form of Simulated Psychotic Art that is the direct product of the ideas in this thesis. This is where I offer these ideas as a form of practice-led enquiry under the title: *How to become a Simulator of Psychotic Art*.

- **My early practice**

Since my master's degree my themes have been similar to those championed during the rise of Psychotic Art: alienation, depression, and pathological attraction (which could lead to obsession). These states were attractive to the revolutionary mind-set of Modernists because they were socially unacceptable. The studio practice seen in the photographic documentation tries to rebuild this sense of marginalisation by ignoring the models of professionalism, technical skill, and art-world currency at Northumbria University. The idea was to resist the pressures of the learning environment that surrounded me, and the photographs document my obsessive routines as I slowly developed an isolationist practice in which I continually tinkered and meddled with an accumulation of unresolved sculptural assemblages. My strategy was to furnish my studio with symbolic mechanisms of anxiety and delusion and to avoid any sense of achievement or closure through the production of 'completed' artworks. In this way I hoped to Simulate an institutionalised activity in which no significant relationships were formed with the culture around me.

However, in the contemporary climate of installation art practice, my introverted and open-ended activities quickly became a special category of artwork in

their own right, a form of environmental performance art. The photographs were intended as documents of a studio life in which I play out for myself my own capacity for pessimism, melancholy and helplessness. But the more I tried to promote this lonely process, the more my psychological Simulations seemed like mainstream formal preoccupations with domestic and institutional installation work. This was also the view of my supervisors. Indeed, the art school around me normalised my Simulation of the patient-artist and, given my decision to treat this institution as an asylum, I was forced to see the reactions of staff and students as a form of therapy that accommodated and defused my own Simulations of artistic disintegration. As a result, I realised that the accumulation of objects and the processes they suggested to me would no longer avoid conformity or Simulate the patient-artist's emancipation from societal norms. If the attraction of Psychotic Art is that patient-artists make artworks which reveal, with particular strength, the dark essence of human nature, I would have to dig deeper to discover my contemporary 'how to' ingredients.



Photograph 1



Photograph 2



Photograph 3



Photograph 4



Photograph 5



Photograph 6

- **My personal experience of psychosis and psychotic creation**

Three factors have shaped the way I approached psychosis and psychotic creation. These factors became significant in my thinking through personal experiences. Firstly, while visiting Greece during the summer of 2005 in order to research my topic and collect primary data, I was introduced to the psychiatrist Paulos Vasiliadis (mentioned throughout the thesis) who is himself an artist and is deeply interested in the artistic creation of psychotic patients. Apart from allowing me to photograph the works of his patients that were exhibited at the therapy centre where he works, he also gave me access to a studio he had established for his patients (mentioned in section 2.2.6). As a result I was able to experience firsthand the artwork of psychotics, both paintings and sculptures. It was at this point that the concept of Psychotic Art became a real entity for me (rather than just a set of

theoretical ideas). For the first time I was able to look at the actual works of psychotics in their material form rather than as illustrations in a book or catalogue. This experience moved me, as did my many visits to the actual studio in which the patients were initiating and realizing works of art. I was drawn into the creative atmosphere of this extraordinary site of production and it suddenly seemed possible for me to also personally contribute to the work being done. It was at that point that the concept of institutionalization made most sense to me and I decided that I needed to address the concept in my own work.

Another significant event was my visit to the exhibition '*Inner worlds outside*' at the Whitechapel Gallery in London (April 28th to June 25th 2006). This exhibition included works by many of the psychotic creators I have written about in this thesis (for example, Wolfli, Corbaz, Ramirez and others from the Prinzhorn collection), as well as Outsider artists (Darger, Lesage and Gill). In addition there were works by the mainstream artists who have been associated with Outsider Art (Miro, Klee, Nolde and Dubuffet), as well as more recent painters considered to have explored profound psychopathological insights such as Jean-Michel Basquiat (1960-1988). An important goal of the exhibition, apart from promoting Outsider Art, was to compare (and perhaps contrast) these forms of creative practice to mainstream art, possibly raising the issues I have discussed in the previous chapter.

Regardless of the exhibition's achievements, it was my first chance to closely observe the artworks of the patient-artists I had previously studied in reproduction. By scrutinising these works collected together in an exhibition space I was able to understand the obsessive nature of the thought patterns of psychotic artists, the compulsion of their creative acts. The dazzling surfaces of countless tiny lines and shapes that dominate one's experience of these artworks when they are seen on

exhibition, combined restlessly and make tangible the urgency that creativity holds for the untrained artist. This must surely be the power exerted by the ‘internal worlds’ referred to in the title of the exhibition. This convinced me that my own work would have to be more personal, more internally driven, than it had been until then. I would have to look deeper inside myself and respond to my inner needs regardless of the consequences (personal or social). The realisation of this ambition would become the most important struggle within the practical aspect of research, it became the driving force behind my experiments as both an artist and as an explorer of the concept of Psychotic Art.

A third event, which occurred in the autumn of 2006, was a lecture on the topic of ‘schizophrenia awareness’, which I attended as part of a training programme at Newcastle College (a Further Education College in North East England). The presentation was given by a mental health consultant and trainer from the Sheffield Hearing Voices Network who was a diagnosed schizophrenic. The speaker narrated his life story, from an early trauma of sexual abuse to multiple institutionalizations and medication treatments, providing his audience with personal as well as social insights about being psychotic and the many difficulties stemming from this situation. As it was a firsthand narrative, it really drove home the realities of the material I discussed in Chapter 1.

The part of the presentation that really stood out was a ‘breakout’ exercise in which groups of three acted out a job interview whilst simulating the experience of aural hallucination. In this scenario one person in each group was the interviewer/employer, a second was the interviewee/applicant and a third provided the voices heard inside the head of the interviewee. The person speaking the voices stood behind the head of the interviewee and spoke close to his/her ears. When it was my

turn to be the applicant I realized for the first time just how debilitating ‘aural hallucinations’ were. The experience prevented me from thinking coherently and I soon realised the futility of an interview attempted under those circumstances. The experience was as insightful as it was shocking for me and it made me understand the seriousness of hallucinations as well as their decisive and absolute influence on a person’s thoughts. I was able to imagine what it would be like to hallucinate and, for the first time, appreciate the role that my artistic imagination might play as a mediator between these internal voices and external reality. I now had a better understanding of how important art could be to some psychotics.

These three events were to influence me greatly in my further thinking about my creative practice. Each one contributed to my knowledge of the psychotic state and the role of creativity within this state. I was now ready to tackle my practice from a different angle, on a more personal level, while taking into consideration the paramount importance of institutionalization in my further work.

- **My ensuing practice**

The next step was to move beyond formal representations of melancholic studio tinkering to imagine the pathological attractions of an artist who is unable to resist temptation. This was an attempt to subvert the art school’s assumptions about the creative ‘abnormality’ of my comfortable, if unfocussed, studio meddling, and move towards an uncomfortable creative process that is truly subversive in its abnormality. At this point, as I began to make notes for new works (new kinds of fantasy machines and devices), I experienced for the first time the discomfort of purposely dislocating my imagination from practical reality. I took this to be the ultimate responsibility of Simulating a psychotic condition: if you let your artistic temptations run wild all

manner of incoherent, violent, hateful or misogynist narratives may follow and these could clearly have a devastating effect on one's sense of normality. I planned works that would draw out memories of my religious upbringing, my sexual desire for women, my anxieties about persecution, and my obsessive need to feel cleansed and pure.

By digging deep inside myself, to the core of my being, I was able to free feelings, emotions, thoughts, whims, fears, without having any drawbacks. I was not concerned with peoples' reaction because these feelings were real. Much like a psychotic's feelings are real (to him/her, but not necessarily to others) these ideas were my identity. By drawing out these memories and thoughts, I was becoming psychotic (concerning the freedom, anguish, impossibility, withdrawal from the world), without becoming psychotic (regarding the biological and psychological implications on my organism). These fleeting, ephemeral thoughts were driving my mind in all kinds of directions, regardless of order or sequence. I was able to approximate, as close as I could (given that I am not psychotic) the psychotic state.

The added element of institutionalisation that I was experiencing, although not in the same way as a patient, brought our separate worlds closer. I was being motivated by a disdain for my educational surroundings to create art, much like patient-artists were motivated by their institutional surroundings to create. Their feelings of being trapped inside an institution reflected my institutionalised/educational experience. Their attempts to undermine these surroundings became my own. In this way, I also approximated the institutionalised state.

An important influence during this stage of my practical work was Aidan Shingler (an established artist who falls into the category of patient-artist because he

became an artist after falling victim to the schizophrenic condition) who makes sculptural text-pieces (Fig. 131 [Shingler, 1999, illus]) that both embody and explain the psychotic condition (Shingler, 1999).



POINT OF CONTACT

A 'Power Point' was the name I gave to anything resembling a spire, from pylons to pine trees. Power Points would, I believed, receive and transmit 'The Cosmic Pulse'○

Figure. 131

The written statements in his publications provide his audience with details of the psychotic impulses behind an otherwise 'normal' sculptural activity. Even

when I was tinkering with found objects in my studio I was picturing my photographs with textual commentaries that revealed my intentions as a Simulator of Psychotic Art. As my studio plans incorporated increasingly fantastic narratives, I noted that Shingler's explanatory descriptions allowed conceptual Simulations that were more elaborate than his objects. They could, for example, embrace both personal whim and anti-social behaviour in a combinatory effect that mute objects cannot achieve without exhibition labels.

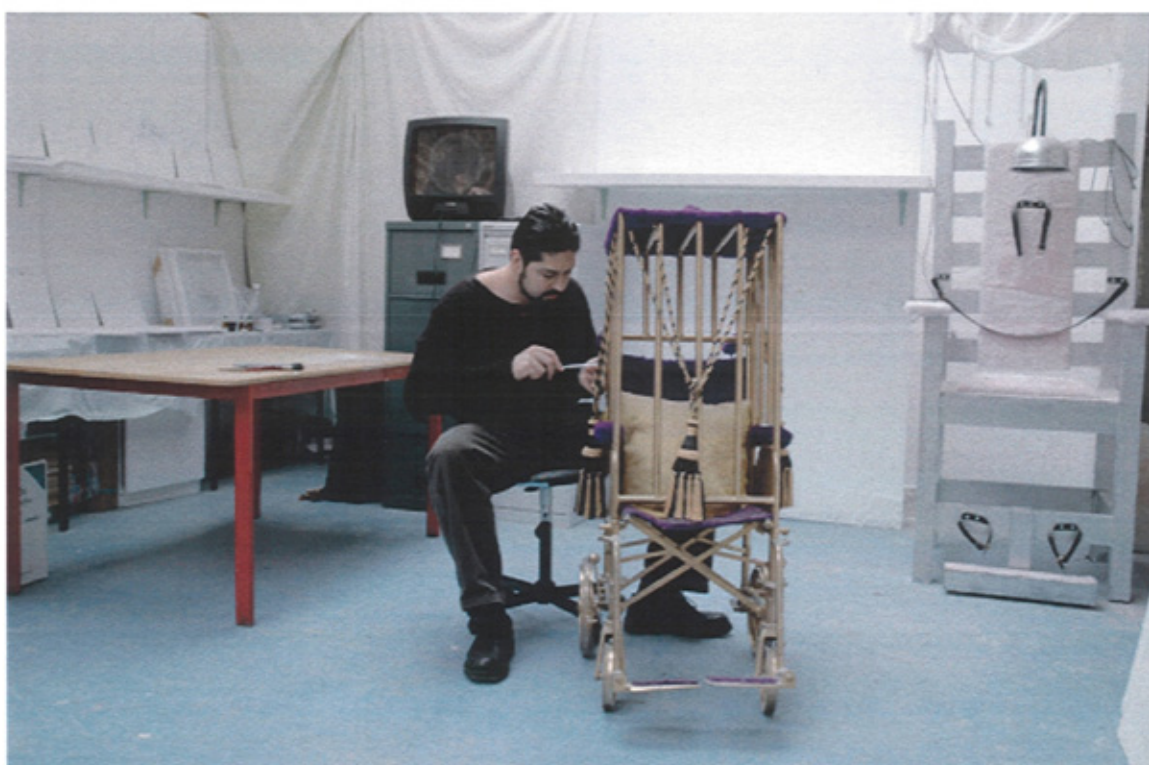
My photographs document an evolution of ideas that occurred as I let temptation guide my sense of narrative. They represent a barrage of fleeting thoughts, ones that are not necessarily seen as art, by the viewer. My helpless studio tinkering was now replaced by a disturbing personal world filled with ritualistic routines and procedures that produced, I believe, an authentic autobiographic alienation from my art school context. This was the moment in my practical work where content, meaning and procedure came together to suggest new modes of practice that were not derived from my readings on the history of Psychotic Art. I was able to consider a number of ingredients for patient-artist Simulation that replicated the tension between a creative psychotic and a controlling institution, a type of 'how to' that, to the best of my knowledge, had not been used during the Modernist engagement with Psychotic Art. Where the Modernist dynamic involved creative freedom and a celebration of the outsider, this type of Simulation cultivated the various opportunities that patient-artists have for subversive resistance. In this sense I felt that my interest in the impact of institutionalization on my own activities as an artist was helping me explore a distinctive creative practice in relation to the Simulation of Psychotic Art.

The kinds of ingredients I now considered were techniques for producing fantasy narratives that overburdened art school 'normality' with either too much

information or too many interpretations. These components would describe a way of acting out the kind of self-portraiture found amongst examples of Psychotic Art collected in the Brazil Museum (see section 2.1.10). Here the patient's identity was always represented as a portrayal of the institutionalised self. I was therefore interested in the potential of using direct, unashamed acts of self-imagination, of being entirely frank and true about my personal thoughts, but then covering my tracks in such a way that these narratives became encoded within the institutional environment, the sort of thing a patient-artist does when using an utterly personal and impenetrable set of symbols to obscure the 'self' within the confines of the asylum. The ingredients I had in mind would offer a contemporary Simulator of Psychotic Art the freedom to let personal fantasy and institutional reality blur, to both reveal and hide unacceptably 'creative' thoughts within the structures of an art school studio practice.



Photograph 7



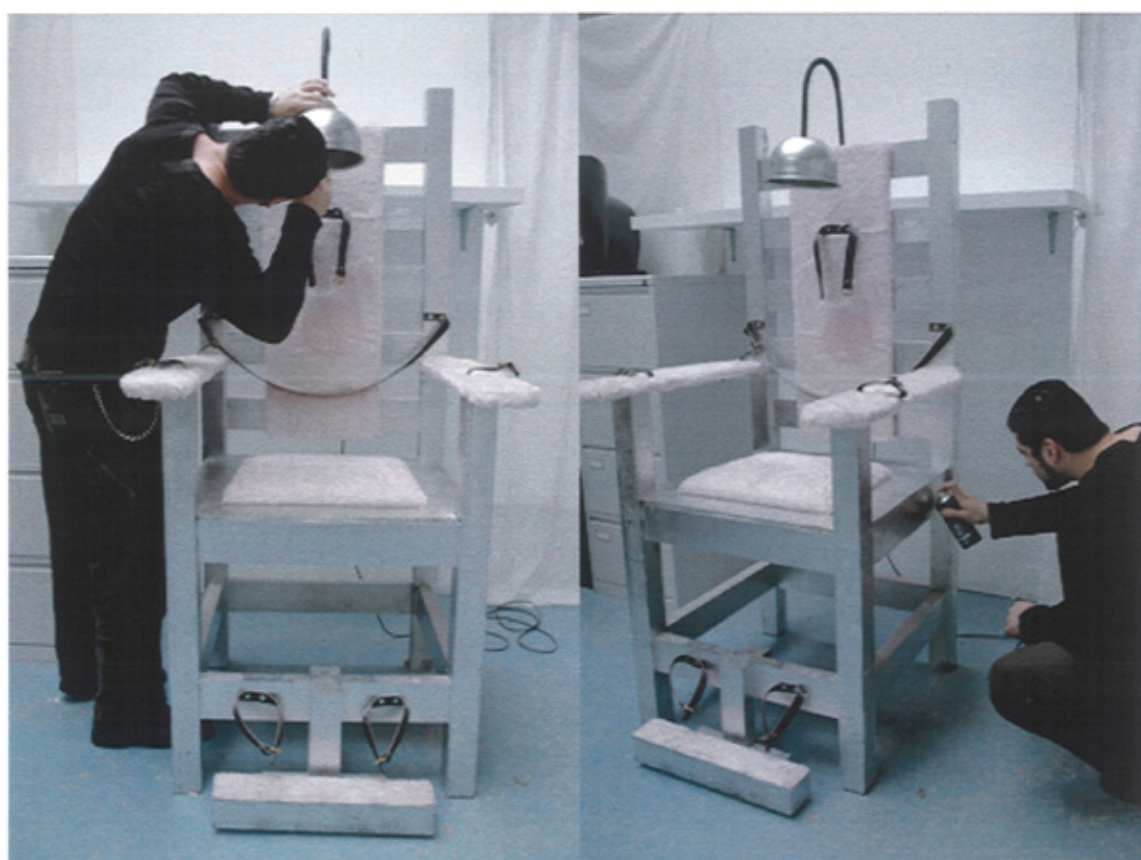
Photograph 8



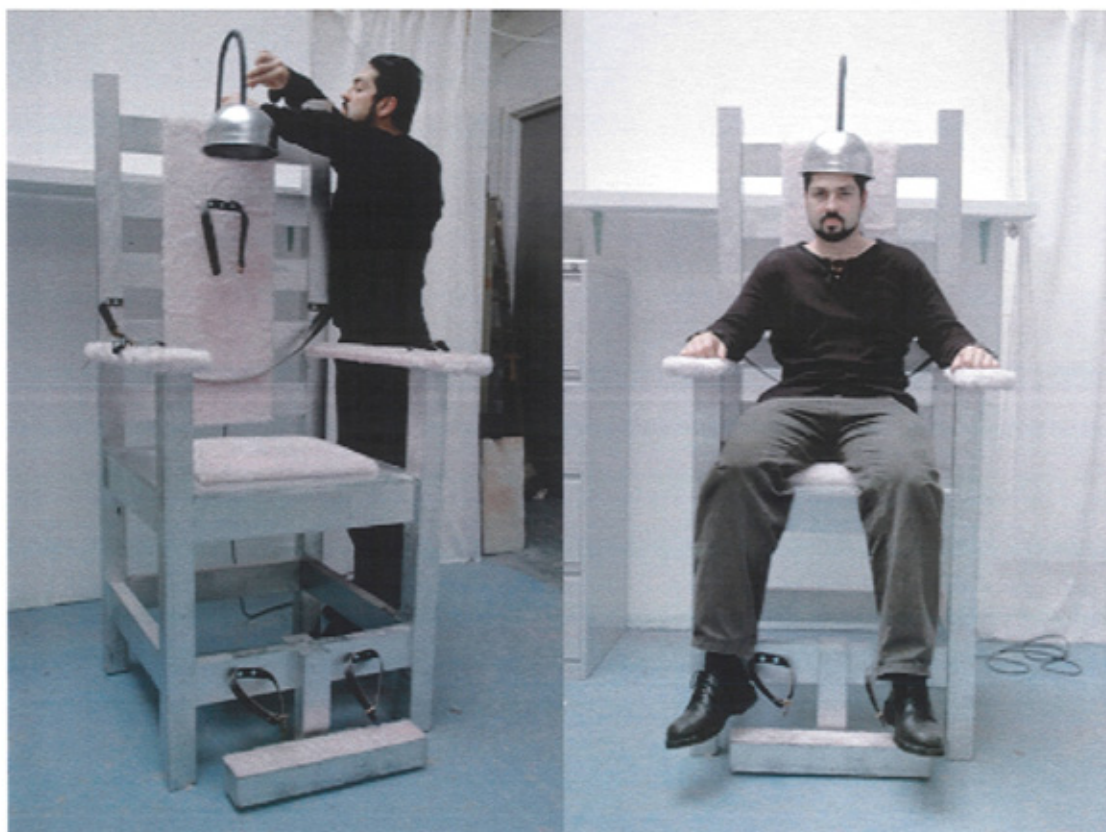
Photograph 9



Photograph 10



Photograph 11



Photograph 12



Photograph 13

5.6 Textual intervention

Despite the independent steps I was taking with my practice, two details from the history and theory of Psychotic Art were central to the evolution described above: firstly, the frequent use of text by patient-artists in which the meanings of words were eclipsed by the ornamental power of writing (the scope writing has to cover and expansively colonise the marginal and empty areas of pictorial compositions, as a form of disruptive decoration); secondly, the historical sighting of eighteenth century patient-artists in paintings by Hogarth (Fig.4), and Lenz and Sturt (Fig. 6), that show, for the first time, the prototypes of Psychotic Art being created on the walls of the institutions in which the mentally ill have been incarcerated.

The influence of these artworks drawn on institutional walls is not a direct link between mental illness and artistic production, but more of a link between the use of text as a creative medium and its application on an institutional wall, as part of an expressive act. The most important thing about the images was that they presented the attempt of an institutionalised person (whichever the case for his/her incarceration) to transform his/her environment. This is the way in which these drawings had an impact on my artistic practice; they urged me to transform my environment. Secondly, these images represented the efforts of people who on the one hand had the burning desire to express themselves and on the other hand were restricted in this attempt. In my case, the urge to express myself was restricted by my desire to avoid mainstream expressive solutions. I had decided to recognise and respond to the institutional context of my activities as an artist and, in doing this, begun to sense my distance from the Modernist position and closeness to the currency of Postmodernist practices. I think of this as the first aspect of the development of my own 'voice' as an artist.

The idea of using text has been observed repeatedly in the artwork of psychotics. The written texts of Emma Hauck (section 2.4.5) (Fig. 132 [Hennig, 2006, p.21, illus]) further drive this point home, as in her texts, words are used not so much for their meaning as for the visual effect they have. The repetition of a specific phrase (which in this case is “come sweetheart come”) superimposed over and over, hundreds of times, creates a pattern (with gradations of tone) evoking a powerful visual effect (Prinzhorn, 1922, pp.40-42, Hennig, 2006, p.27). The idea of creating patterns with text was one that would eventually become an important aspect of my practice and indicates the second developmental aspect of my artistic ‘voice’.

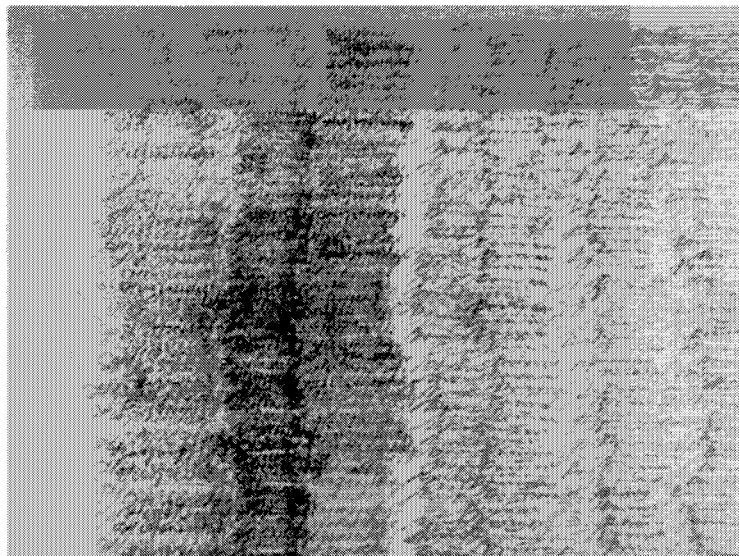


Figure. 132

As for the creation of art (and text messages) on walls, it can be found in a number of psychotic artists (examples are August Walla, whose room is smothered in images, drawings and text messages [Fig.122], and Nikos Karydis [Fig.123, Fig.124, and Fig.125]). As I have mentioned before, similar artistic solutions were utilised by outsider artists, especially creators of visionary environments (section 4.5.3) like

Howard Finster (Fig. 133 [Rhodes, 2000, p.186, illus]). This practice empowered my idea about the application of text on walls, both visually and conceptually. The application of my text-works to walls became the third defining aspect of my individuality as an artist.



Figure. 133

As my studio practice moved from routine actions with found and constructed objects to ritualistic actions that followed narrative fantasies, it occurred to me that my written notes could suggest more fantastic ideas than anything I could actually make or perform. My focus was now on the ideas and processes I could imagine without the restraint of realisation. The use of text was fundamental to this approach. The notion of unrestrained textual commentary was explored in the anti-art experiments of 1960s installations artists such as David Medalla (Fig. 134 [Hiller, 1991, illus]), who allowed his audience to generate both the exhibits and the exhibited meanings using the 'participation-production' technique described by Guy Brett in his essay *Unofficial Versions* (Hiller, 1991, pp.113 – 137). For me the appeal of this idea

was the freedom given to exhibition-goers to provide their own narrative descriptions of mundane objects.



Figure. 134

Medalla's experiment resonates with the contemporary artists cited above who have brought the legacy of Psychotic Art into the present by shifting the Simulation from the point of production to that of reception. Writing on walls seemed to offer the 'how to' instructions of Simulation I was looking for. It offered scope to use my textual notes to 'decoratively' colonise institutional spaces (surely Medalla gave his audience licence to do just this to a gallery space) and the process emulated the actions of patient-artists recorded by Hogarth and other historical painters.

The idea gained strength as I started to notice the abundance of graffiti in Newcastle. Each day, on my way to the studio I saw everywhere demonstrations of

textual intervention in the urban environment. It is not difficult to appreciate the decorative impulse behind tagging, nor its transgressive and subversive use of other people's wall space. One could certainly cross-reference graffiti art to the characteristics and attributes ascribed to Psychotic Art in the earlier sections of this thesis. Given that Newcastle City Council has a policy of encouraging graffiti artists to produce work of quality in certain areas of the City, and that the Baltic Centre for Contemporary Art recently held an exhibition of 'street art', in which local taggers were invited to work on the walls of the gallery (Dorsett, 2007), it is certainly possible to place this art form firmly in the outsider category; that is, as a fully absorbed mainstream art activity.

However my new ingredients of Simulated Psychotic Art should not be so easy to assimilate. For me the answer was not just the transgression of covering a wall with writing, but the subversive effect of the words used. My discovery had not been the patient-like use of the visual properties of writing but the level of fantasy in my written notes, a form of self-imagination that could not be translated into my objects or actions in the institutional environment. It was in relation to this point that Chris Dorsett, my supervisor, introduced me to the early work of Marcia Hafif (b. 1929) who used interventionist texts as a form of site-specific installation (Fig. 135 [Dorsett, personal archives, photograph]).

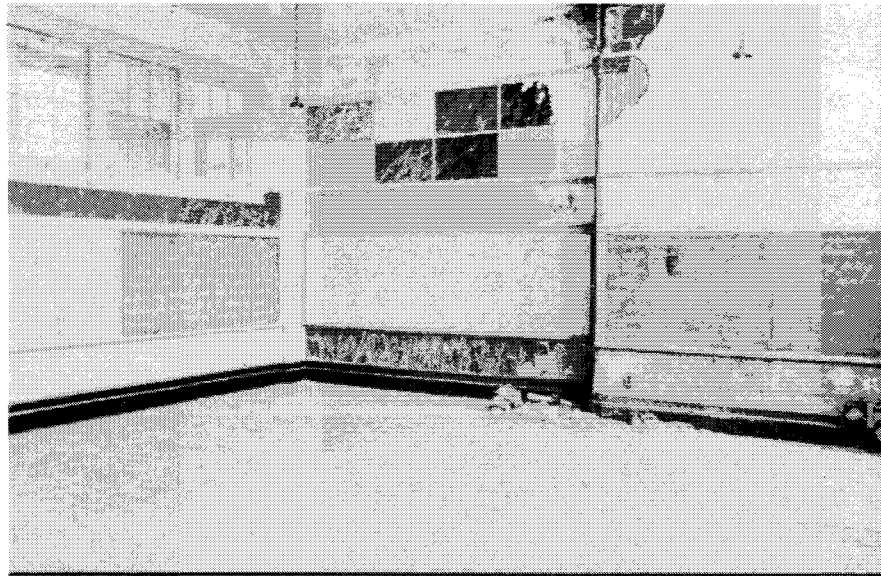


Figure. 135

Hafif was a contributor to the seminal installation projects at P.S. 1, Long Island City, New York, in the 1970s. The location (P.S. 1) was a disused school in a run-down urban environment that provided non-gallery viewing spaces of a kind that suited the experimental installation work being pioneered in New York at that time. The exhibition 'Rooms' (1976) was a typical P.S. 1 venture: it was the product of a community of like-minded practitioners who, without the orchestrating overview of a curator, worked with the latent possibilities of the site. The exhibiting group involved established artists such as Carl Andre (b.1935) as well as younger, unknown members of the City's avant garde scene. With this mix of artists, the resulting exhibition ranged from relatively conventional sculptural objects designed to dominate and transform the school environment to ephemeral works involving subtle alterations to corners of class rooms and school corridors (Dorsett, 2007).

Of all the interventionist works in 'Rooms', Hafif's textual installation, written on two blackboards in an empty forlorn classroom, chimes with the work I was undertaking as the final practical project for my PhD. The appeal was, of course, the

use of an educational institution; in particular, the use of academic wall space. But the content of her writing also made this piece relevant to my search for a contemporary 'how to' for Psychotic Art. Hafif covered the blackboard with a very detailed, extremely frank narrative describing, in the first-person, an experience of sexual intercourse. I am told the effect froze viewers to the spot with spontaneous feelings of embarrassment as they absorbed the meaning of her texts. This was a responsive chemistry created by the nature of the site combined with the content and form of the textual intervention (Dorsett, 2007).

As I understand it, Hafif did not continue this type of installation work using textual intervention. At the time she was a member of the Radical Painting Group and it seems that a subversive engagement with painting was more important to her than the textual ideas she created for 'Rooms'. However, using walls remained an element in her experiments. For example, by 1979 she was contributing installation pieces to 'Wall Painting', an exhibition curated by Judith Rossi Kirschner at the Museum of Contemporary Art, Chicago. The point here is that Hafif saw the surfaces of walls as powerful vehicles for interventionist action (actions that can disrupt and transgress the values of institutions such as asylums and art schools, and traditions such as the fine art of painting) (Dorsett, 2007). This attitude to walls gave me ideas about the radicalisation of my practice, and Hafif's early experiments with devastatingly honest texts provided the encouragement to develop the wall-based text interventions documented at the end of this Chapter.

It is worth drawing a distinction here with the later textual installations of Joseph Kosuth (b.1945). These seem to offer another model for textual pieces derived from my fantasy narratives. After all, Kosuth was responsible for creating a paradigmatic practice that projects the visual power of words (often with their

meanings suppressed through crossing-out) into domestic and institutional space. There are exhibitions of his installation works that place (or rather 'displace') handwritten annotations by Freud on gallery walls (Dorsett, 2007). All this suggests the appropriateness of Kosuth as a model for my own practice. However, Kosuth is more concerned with the nature of art and with its transition from 'appearance' to 'conception' (giving weight to the idea rather than the formal components), and its potential for replication and recreation. He has used language to describe the essence of certain artworks, rather than for its subversive quality (Guggenheim collection, 2007; Wikipedia, 2007). Another conceptual artist who mostly used language as a creative medium was Lawrence Weiner (b. 1942). His texts often describe (sometimes quite literally, like a guidebook) processes and physical conditions that reflected artistic actions or practices, many of which were placed on walls. Also, Weiner's *Declaration of intent* (1968) explored the possibility of artworks that can be described but need not be built, substituting thus the textual for the physical (Museum of Contemporary Art, 2008; Guggenheim collection, 2007; Walker art, 2002). Overall, these artists do not utilise the level of textually stimulated discomfort explored by Hafif.

There are three conceptual artists I would like to mention, whose subversive use of text has worked as an influence towards my own practice. The first of these artists, Barbara Kruger (b.1945), has often used bold text, in the form of short and concise statements (also known as aphorisms) superimposed on photographs, and exhibited in public spaces (such as buildings or billboards, or even on t-shirts) (Wikipedia, 2009; PBS, 2007; Art history archive, 2009). These statements are written either in the first, second or third person, often making it hard for the viewer to decide who is speaking. They frequently deal with themes concerning women's

rights, issues of power, consumerism and commerce, individuality, and social/human relationships (Wikipedia, 2009; PBS, 2007; Umich, 2009). The statements are generally meant to evoke emotions and thoughts in the viewer (Geocities, 2009). In a similar vein, Jenny Holzer (b.1950) also uses public spaces (such as buildings, posters, benches and t-shirts) to exhibit short textual statements (known also as ‘truisms’ or aphorisms) which she usually thinks up herself. These statements, which usually express her beliefs, deal with social issues, like consumerism and advertising, and personal issues, such as power, abuse, and death. They are short, witty (often resembling advertising slogans) and generally aim to provoke a critical attitude in the spectator (Wikipedia, 2009; PBS, 2009; Geocities, 2009; Designboom, 2005). The third artist is Martin Firrell (b.1963), who also employs short and succinct declarations in order to provoke thoughts in the audience. Although Firrell (like Holzer) often digitally displays his sentences on public buildings, his difference with the previous two artists is that some of the statements are contributed by members of the public (Wikipedia, 2009; Tate Modern 2008). All three artists however, utilise text as a dissident and revolutionary tool.

There are younger British artists whose use of language has the intensity of artists such as Kruger and Holzer. One of those artists is Fiona Banner (b.1966), who uses language as a communicative tool, stressing its capabilities and simultaneously its limitations. The latter derive from the occasional inability of language to express ideas, feelings and events. She has used textual descriptions of whole cinematic films (in one case also a pornographic film), in order to describe and contrast feelings of closeness and isolation (Frith Street Gallery, 2007; Wikipedia, 2009; Tate, 2002). The dissident nature of her texts can be witnessed in *War Porn* (2004) (Fig. 136 [Frith Street Gallery, 2007, photograph]). Emma Kay (b.1961) also uses language to

underscore human limitations, albeit, those of memory. She creates texts that emphasize the shortcomings of memory by describing various works (such as films, literary works, plays, historical events) using only information she herself can recall without referring to the actual works. In some cases she questions the museum's authority as a source of information. The omissions in these passages, of which there are understandably numerous, juxtapose the human mind with contemporary technological storage databases and mock peoples' obsession with 'memory performances' and 'encyclopedia knowledge' (Hammer, 2008; Iniva, 2009; Artfacts, 2005).

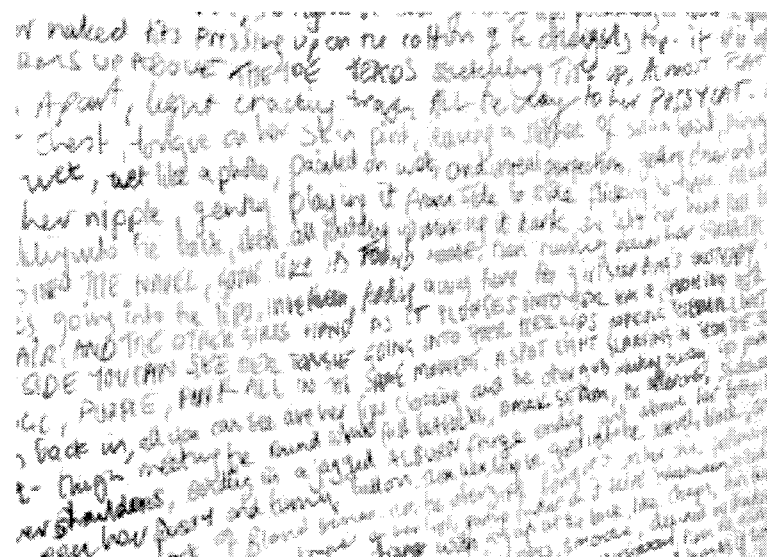


Figure. 136

The impact of conceptual art in the late 60s and early 70s, has influenced my practice-led experiment overall, with different artists inspiring me in different ways. More specifically, the technique of writing on walls by artists as diverse as Medalla and Hafif, provided me with a model of practice in which a written description of a sculpture could stand in for its actual three-dimensional realization. The transference

of a three-dimensional object into text form was also inspired by Weiner who supported that the sculpture need not be built. This detail seems to me to be the fourth, and crucial, developmental feature of my practice. Furthermore, the directness, sarcasm and thought-provoking attitude of many of my narratives could perhaps be connected to the work of Kruger and Holzer, while the shameless and ‘immoral’ use of language, in some cases blasphemous and promiscuous, could be cross-referenced with Hafif and Banner. Kosuth could perhaps be accounted for in the psychological undertones of my narrative descriptions, while the spontaneity and impulsiveness of Kay could also be found inside my work. Overall however, even though I was influenced by a number of conceptual artists and perhaps combined a number of diverse elements from them, I feel that I have instigated a creative practice that stands apart from them, and has evolved into a separate entity. With all these creators of text-works, only Hafif has explored the direct, unashamed act of self-imagination that I associate with the fantasy works of patient-artists. This, for better or worse, is the goal of my activities as an artist.

Therefore, in my final practical project, I used my imagination to generate narrative descriptions of impossible studio mechanisms and events. These were an opportunity to explore a range of formal and conceptual procedures that I could later write up as ‘how to’ ingredients for the contemporary Simulator of Psychotic Art. The text-works in question were written on the walls (and other surroundings) of Northumbria University and the aim was to create patient-artist ideas in the passer-by. At the same time, they are not necessarily meant to be conceived of as artworks at first sight. The goal is to make the viewer initially ponder about the meaning (and use) of these narratives. This is in tune with many of the psychotic artworks which were not initially conceived of as artwork (by both creators and viewers). These

scripts, or working plans, were an opportunity to let my imagination run loose without restriction. This contrasts with the ‘alienated’ and ‘helpless’ studio practitioner pictured in the photographs above. At this point my Simulation addressed the melancholy produced by being unable to conclude artworks. This stage of my practical work was a meditation on the material limitations of objects and the pointlessness of the accumulated artworks in my studio.

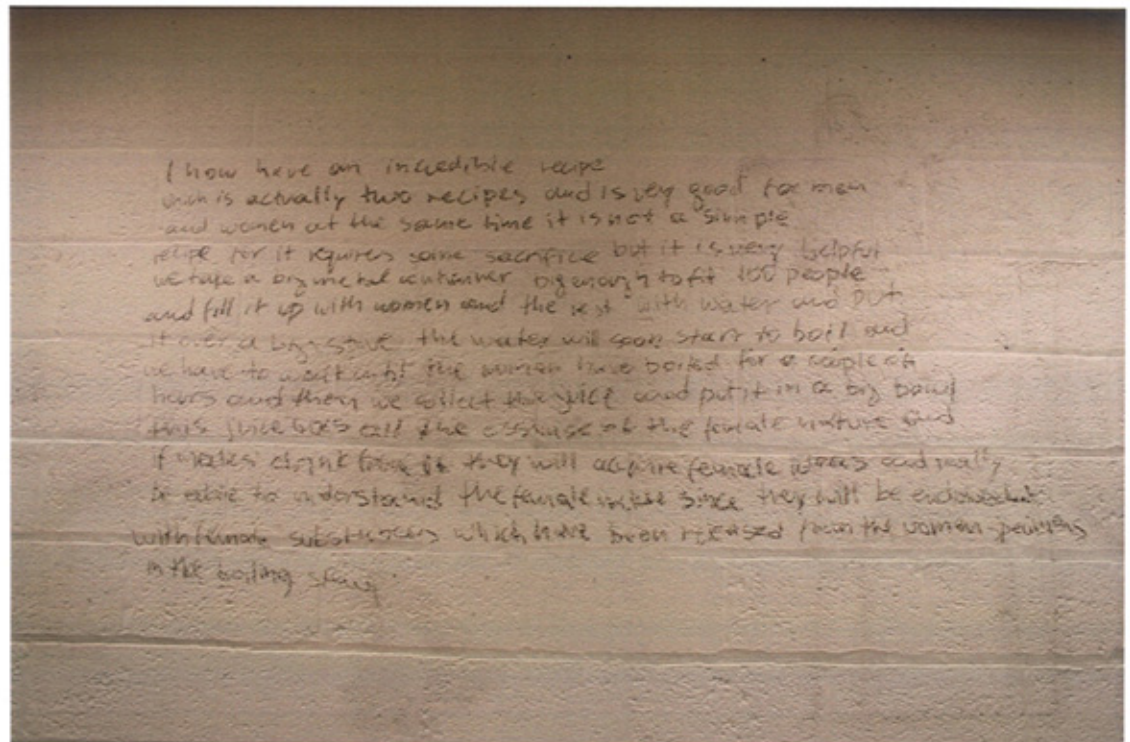
In the final series of ‘wall-pieces’ my act of Simulation turns into flights of unrestrained fantasy. In this way, what was a private form of performance art (unfolding behind the closed door of my studio) now became a textual fiction written on the walls of the University. The reader is invited to view the following documentation to uncover the conditions of psychosis in my fictions, fantasy narratives that have practical and ethical reasons for non-realisation. The creation of these ‘wall-pieces’ brings us closer to the patient-artist allowing a public environment (an institutional space) to react with personal discomfort. They also contemplate the nature of artistic creation and its presentation, while being subversive (they could perhaps be viewed as vandalism). It is the contention of this thesis that the following text-works move beyond the Modernist approach to Simulation (as found in Expressionism, Surrealism and Art Brut) to the next step which is the use of Conceptual Art in the service of Simulating Psychotic Art.

In summary, I can say that this proposition, the product of the practical component of my research, arose through my personal interest in the association of creativity and psychosis (an idea which has, as my thesis explains, a long history within the arts) and, from the beginning of my research project, I have been searching for a way in which I might revisit this idea in my own practice whilst also responding to the contemporary visual arts context in which I am placed. It is this ambition,

explored through the four above-mentioned practical developments (responding to the institutionalisation of my practice, using texts in the manner of conceptual and interventionist approaches to making art, applying text-works to institutional walls, and using narrative as a replacement for actual sculptural objects) that characterises and defines my activities as a practice-led artist-researcher. This is what my research has been for.

the object of this idea is a train a full fledged train with
 10 carriages it is made of leather not up to ever though it has been
 constructed of thousands of shoes yeah human shoes of all kinds
 boots slippers in fact they don't all have to be leather any
 material will do plastic canvas anything that can be stretched out
 and joined with other pieces in order to cover the roof floor
 and sides of each distinct carriage of the shoe train there are
 in fact no windows on this train mainly because none are needed
 there are just doors and even these doors are not proper they are just
 pieces of leather plastic etc joined together into squares that
 drape over square openings of an equal size the only part of the train
 that is not made of shoe is the actual part that goes on the railroad
 tracks that is to be made from a resistant material because of all the friction
 (on the tracks) which it will have to endure you may of course wonder why such a train
 would come into existence in fact the reason is that such a train needs no engine

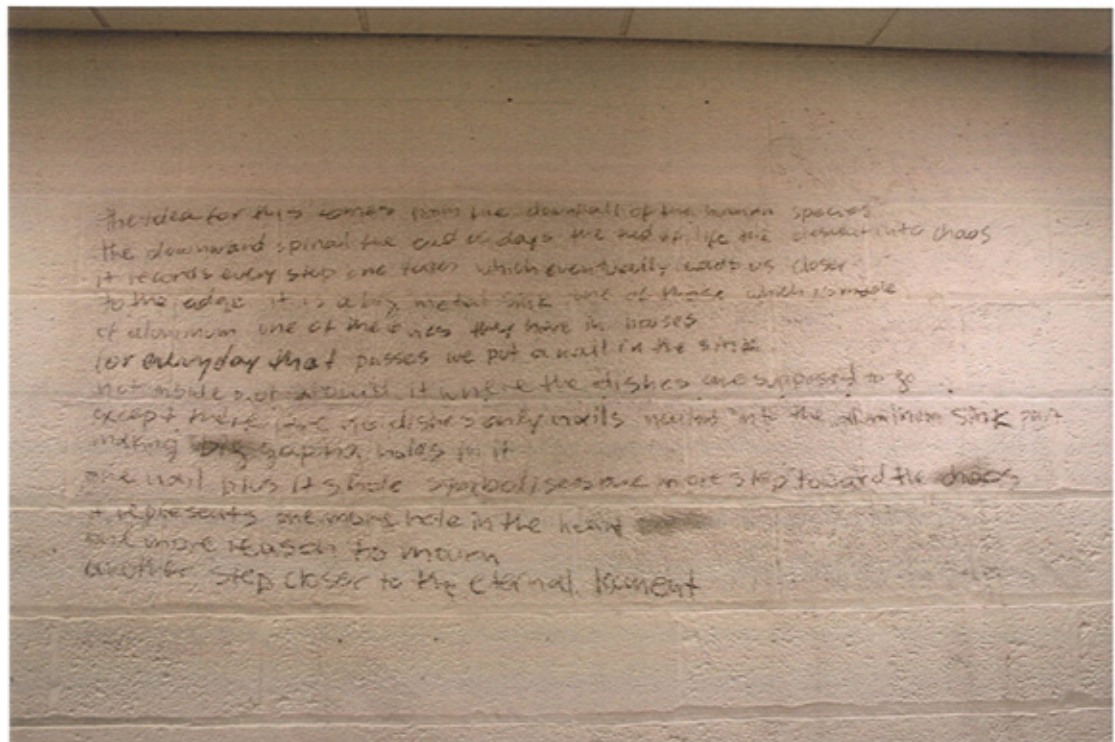
the object of this idea is indeed a train a full fledged train with 10 carriages it is made of leather not
 any leather though it has been constructed of thousands of shoes yeah human shoes of all kinds
 boots slippers in fact they don't all have to be leather any material will do plastic canvas anything
 that can be stretched out and joined with other pieces in order to cover the roof floor and sides of
 each distinct carriage of the shoe train there are in fact no windows on this train mainly because
 none are needed there are just doors and even these doors are not proper they are just pieces of
 leather plastic etc joined together into squares that drape over square openings of an equal size
 the only part of the train that is not made of shoe is the actual part that goes on the railroad tracks
 that has to be made from a resistant material because of all the friction (on the tracks) which it will
 have to endure you may of course wonder why such a train should come



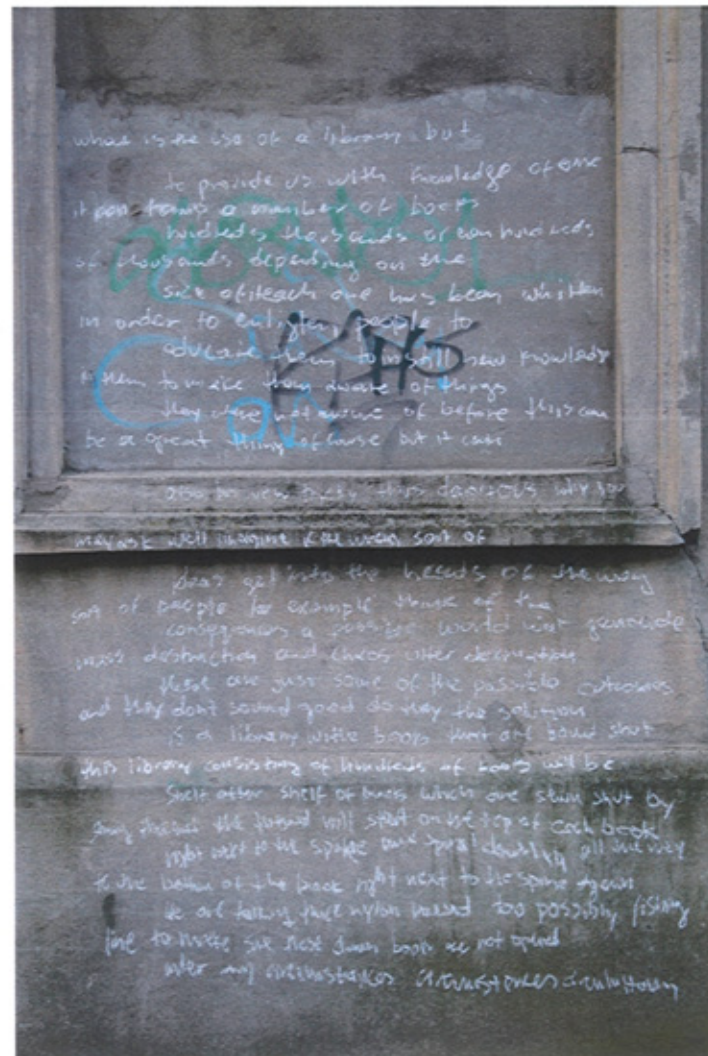
I now have an incredible recipe which is actually two recipes and is very good for men and women at the same time it is not a simple recipe for it requires some sacrifice but it is very helpful we take a big metal container big enough to fit 100 people and fill it up with women and the rest with water and put it over a big stove the water will soon start to boil and we have to wait until the women have boiled for a couple of hours and then we collect the juice and put it in a big bowl this juice has all the essence of the female nature and if males drink from it they will acquire female ideas and really be able to understand the female nature since they will be endowed with female substances which have been released from the women specimens in the boiling stew

the photo burner has a very unique purpose its purpose
 is to fill a person permanently with memories we use photographs
 to remind us of how things were what people looked like who our significant
 other was etc overall they are very valuable objects which help us keep a
 connection with the past wouldn't it be a blessing to not need these
 photographs anymore but to have them permanently instilled inside us
 I think so this leads us to a device which is rather like a very large pipe
 made out of glass which has a very big gap on top rather like a bowl
 which is large enough to fit at least 30 photographs maybe more
 if we are to be really ambitious this large pipe eventually leads to an end
 hole which we can place our mouth around firmly and securely there is a fire-
 heater attached to the pipe/bowl right over it which we can light at any point
 and this will light the photographs on fire as they are lit up we slowly inhale
 from the hole described above and inhale all the fumes from the photographs which
 will be permanently installed inside us as it in fact becomes part of our
 permanently placed inside organs and because all the organs inside the human body are
 connected with each other these substances will eventually reach our brain

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 photographs on fire as they are lit up we slowly inhale from the hole described above and inhale all
 the fumes from the photographs which will be permanently installed inside us as it in fact becomes
 part of our organism it is permanently placed inside our lungs and because all the organs inside the
 human body are connected with each other these substances will eventually reach our brain



the idea for this comes from the downfall of the human species the downward spiral the end of days the end of life the descent into chaos it records every step one takes which eventually leads us closer to the edge it is a big metal sink one of those which is made of aluminum one of the ones they have in houses for everyday that passes we put a nail in the sink not inside it but around it where the dishes are supposed to go except there are no dishes only nails nailed into the aluminum sink part making big gaping holes in it one nail plus it's hole symbolizes one more step towards the end toward the chaos it represents one more hole in the heart one more reason to mourn another step closer to the eternal lament



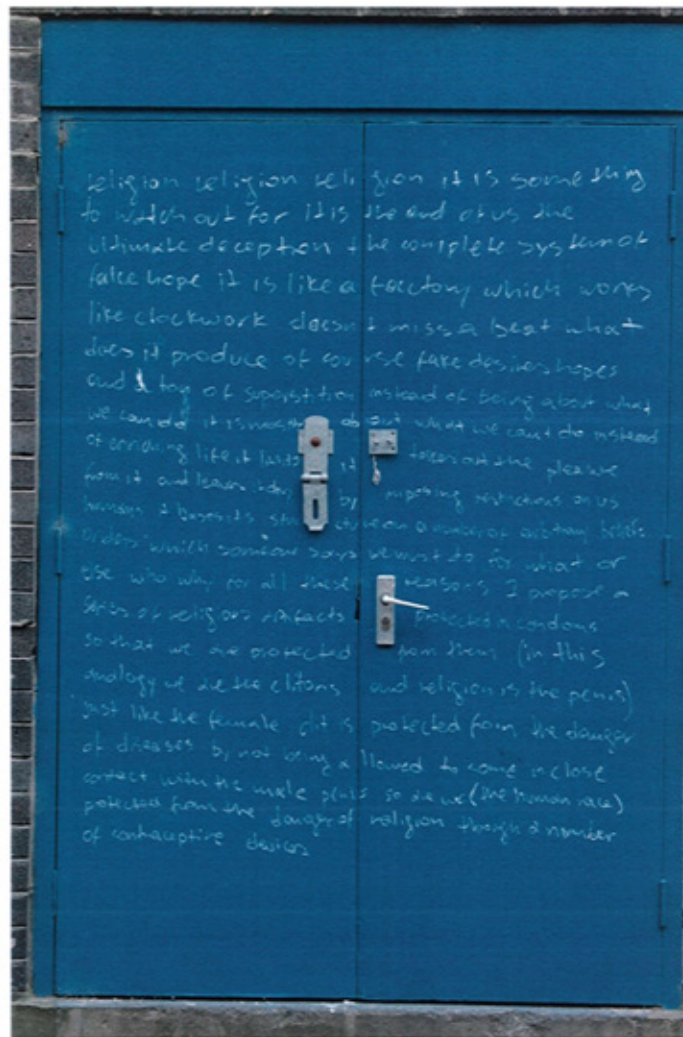
what is the use of a library but to provide us with knowledge of course it contains a number of books hundreds thousands or even hundreds of thousands depending on the size of it each one of those books has been written in order to enlighten people to educate them to instill new knowledge in them to make them aware of things they were not aware of before this can be a great thing of course but it can also be very tricky thus dangerous why you may ask well imagine if the wrong sort of ideas get into the heads of the wrong sort of people for example think of the consequences a possible world war genocide mass destruction and chaos utter decimation those are just some of the possible outcomes and they don't sound good do they the solution is a library with books that are bound shut this library consisting of hundreds of books will be shelf after shelf of books which are sewn shut by strong thread the thread will start on the top of each book right next to the spine and spiral down all the way to the bottom of the book right next to the spine again we are talking thick nylon thread too possibly fishing line to make sure those damn books are not opened under any circumstances

the object
 comes from the
 feeling of internal chaos
 the feeling that one is disintegrating
 internally it is a very hard feeling to put
 up with it is as though the body of the person
 is a castle but there is a subsidence inside
 of the castle which does not affect the outside
 inside everything is destroyed on the
 inside everything is turned upside down and broken the
 person feels as if he/she has been broken into a number
 of separate entities which do not have any connection to each other
 they are disparate it is as if there are hundreds of canyons inside the
 person hellfire damnation and their cousins too everything is falling apart and the
 person cannot concentrate on one thing and move toward one specific goal the idea is a body a torso with
 chains holding it together actual holes in the torso which has chains weaving in and out holding it together
 externally it seems but actually they are holding it together internally they are holding all the organs in place
 they are maintaining the internal unity which is usually more important than the external one

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 is a very hard feeling to put up with it is as though the body of the person is a castle but there is an
 subsidence inside the castle which does not affect the outside of the castle but everything is
 destroyed on the inside everything is turned upside down and broken the person feels as if he/she
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 in the torso which has chains weaving in and out holding it together externally it seems but actually
 they are holding it together internally they are holding all the organs in place they are maintaining
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people are full of bad feelings bad sentiments bad karma
not all of them (all have some bad things inside them)
but some are mostly bad
it is at this point that some people have few good
positive things inside them and are otherwise mostly bad
that is of course a shame so that is how the idea of making
razorblade sandwiches came about
it all started by the desire to uproot everything bad inside a person
to destroy all negativity within them but how can that be done
we need a few sandwiches each person actually needs just one
which is two slices of bread with a layer of razorblades
straight razors if you prefer between them topped with mustard and
sweet pickle the condiments are of course purely for the taste
so that the sandwich has a pleasant taste going down

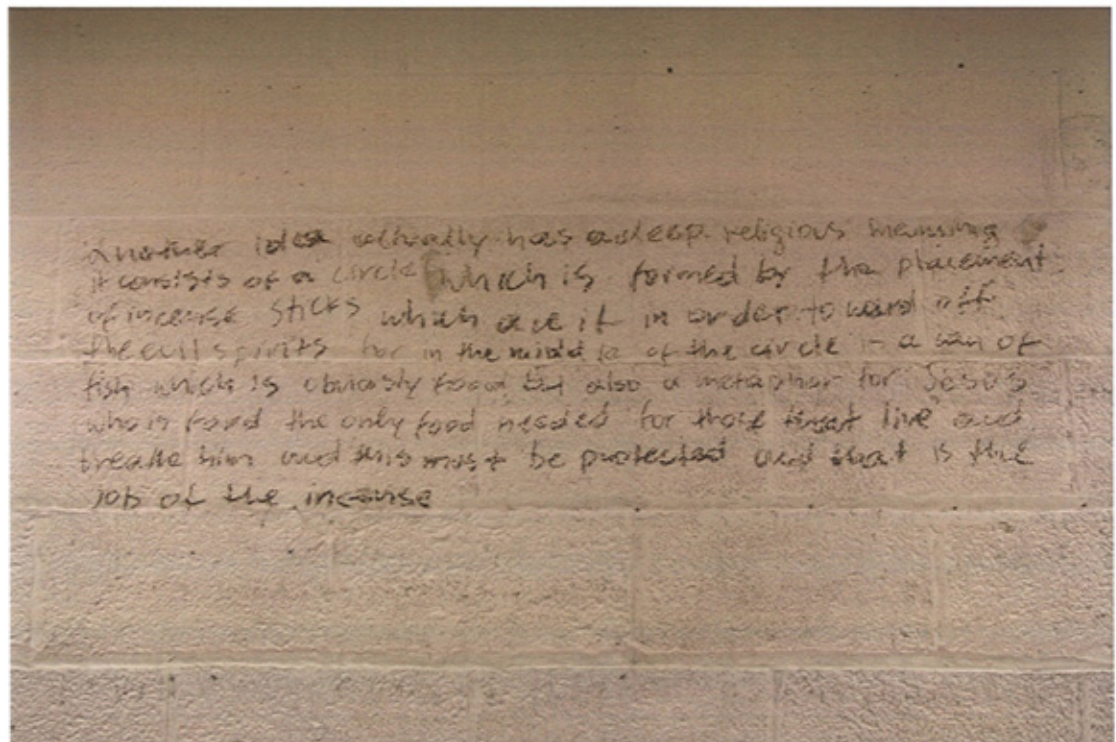
people are full of bad feelings bad sentiments bad karma not all of them (all have some bad things inside them) but some are mostly bad it is at the point that some people have few good positive things inside them and are otherwise mostly bad that is of course a shame so that is how the idea of making razorblade sandwiches came about it all started by the desire to uproot everything bad inside a person to destroy all negativity within them but how can that be done we need a few sandwiches each person actually needs just one which is two slices of bread with a layer of razorblades straight razors if you prefer between them topped with mustard and sweet pickle the condiments are of course purely for the taste so that the sandwich has a pleasant taste going down



religion religion religion it is something to watch out for it is the end of us the ultimate deception the complete system of false hope it is like a factory which works like clockwork doesn't miss a beat what does it produce of course fake desires hopes and a ton of superstition instead of being about what we can do it is mostly about what we can't do instead of enriching life it limits it takes out the pleasure from it and leaves it dry by imposing restrictions on us humans it bases its structure on a number of arbitrary beliefs orders which someone says we must do for what or else who why for all these reasons I propose a series of religious artifacts protected in condoms so that we are protected from them (in this analogy we are the clitoris and religion is the penis) just like the female clitoris is protected from the danger of diseases by not being allowed to come in close contact with the male penis so are we (the human race) protected from the danger of religion through a number of contraceptive devices

preparing
 for the feast of
 friends he set up a
 round table with 12 empty
 wine glasses placed in a circle
 of the table was a big bottle of valvoline
 it is good for the body since it is good for
 engines as we have been taught in biology the human
 body is a complex engine later on the feast will start and
 the engine oil will be distributed evenly to each glass for each
 participant it will keep them in good working condition greased up
 ready to serve the common purpose the smooth operation of the greater
 order of which each one of these people is a part of part of part of

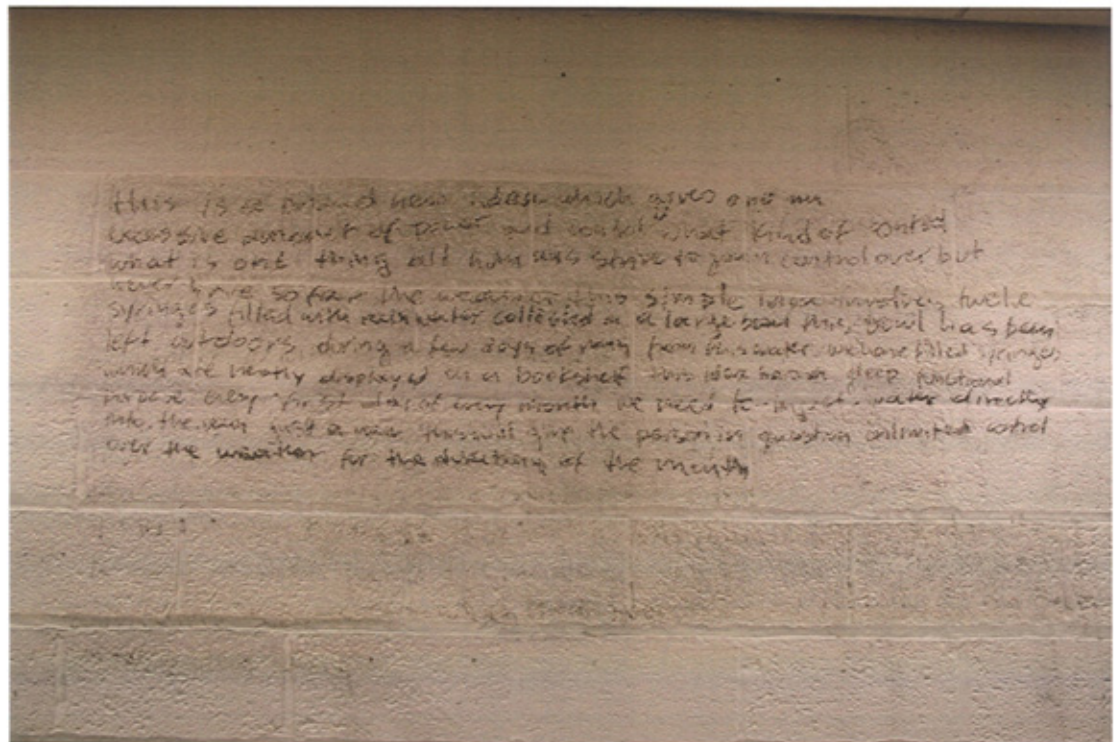
preparing for the feast of friends he set up a round table with twelve empty wine glasses placed in a circle in the centre of the table was a big bottle of valvoline it is good for the body since it is good for engines and as we have been taught in biology the human body is a complex engine later on the feast will start and the engine oil will be distributed evenly to each glass for each participant it will keep them in good working condition greased up ready to serve the common purpose the smooth operation of the greater order of which each one of these people is a part of



another idea actually has a deep religious meaning it consists of a circle (made in the same preferably) which is formed by the placement of incense sticks which are lit in order to ward off the evil spirits for in the middle of the circle is a can of fish which is obviously food but it is also a metaphor for Jesus who is food the only food needed for those that live and breathe him and this must be protected and that is the job of the incense

what I am looking at right now
 is the infamous holy toaster which
 is a device of immense importance it
 substantiates the power of religion
 Christianity specifically by transforming
 the fire of God into the fire of toaster
 this has been specifically designed
 to burn infidels just as God burns them
 too when he is in that sort of mood
 this special toaster which can burn
 with an internal temperature of
 hundreds of degrees has been especially
 designed to close over the hand of
 someone with evil intentions and burn it
 until all the negativity has departed
 and there is nothing left but positive
 goodness the holy toaster however does not
 only burn hands it also burns anything
 else that needs to be incinerated
 as a matter of principle how do we
 recognize this contraption it has
 a halo it is a toaster with a halo
 and let me tell you it is no
 ordinary toaster

what I am looking at right now is the infamous holy toaster which is a device of immense importance it substantiates the power of religion Christianity specifically by transforming the fire of God into the fire of toaster this has been specifically designed to burn infidels just as God burns them too when he is in that sort of mood this special toaster which can burn with an internal temperature of hundreds of degrees has been especially designed to close over the hand of someone with evil intentions and burn it until all the negativity has departed and there is nothing left but positive goodness the holy toaster however does not only burn hands it also burns anything else that needs to be incinerated as a matter of principle how do we recognize this contraption it has a halo it is a toaster with a halo and let me tell you it is no ordinary toaster



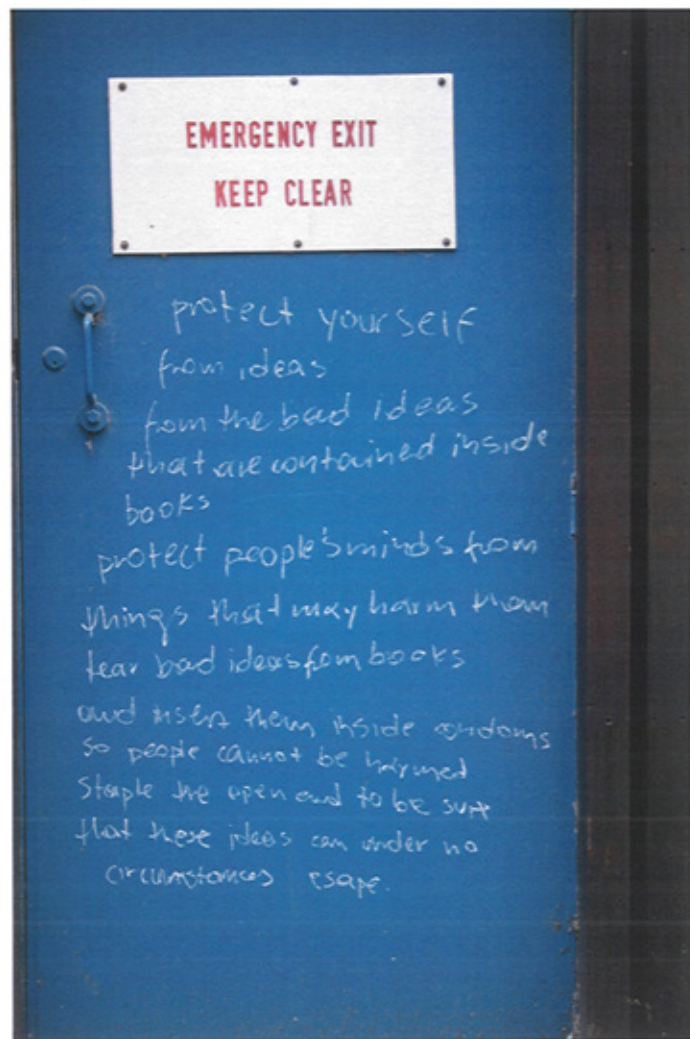
this is a brand new idea which gives one an excessive amount of power and control what kind of control what is one thing all humans strive to gain control over but never have so far the weather this simple idea involves twelve syringes filled with rainwater collected in a large bowl this bowl has been left outdoors during a few days of rain from this water we have filled syringes which are neatly displayed on a bookshelf this idea has a deep functional purpose every first day of every month we need to inject water directly into the vein no matter which vein just a vein this will give the person in question unlimited control over the weather for the duration of the month



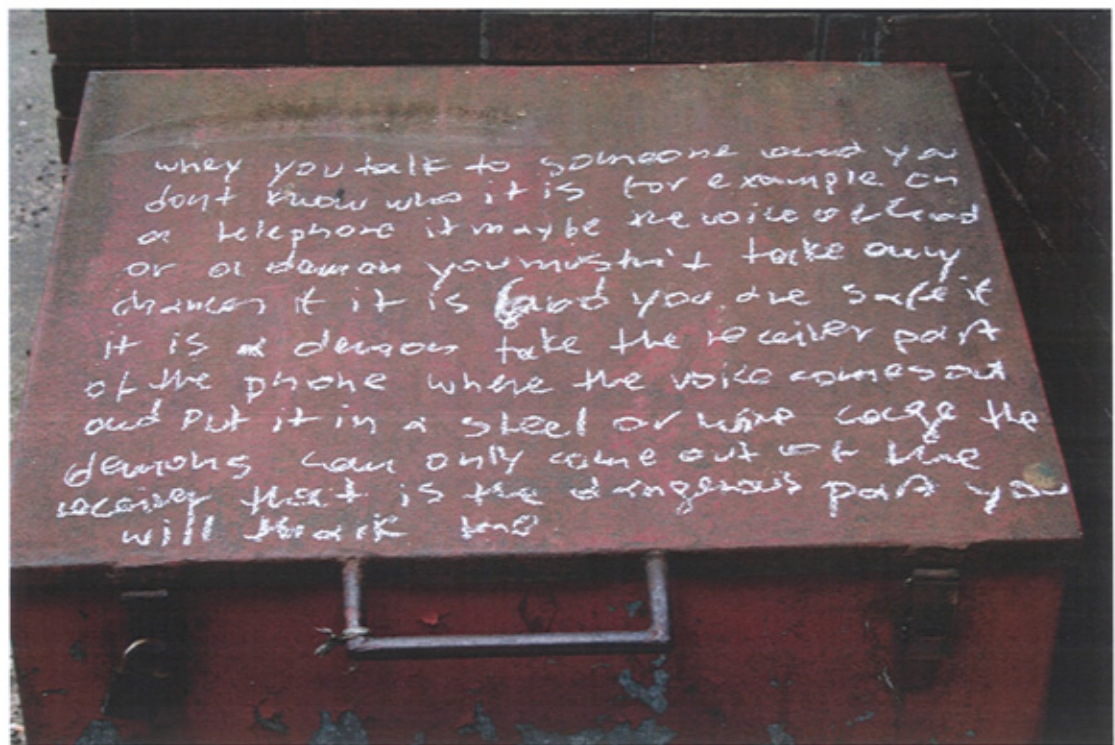
the closet is full of ghosts phantoms and demons who are able to interact with an infinite number of people by transporting themselves around on peoples clothes some of them are good and they are not a problem but there are bad ones they are the ones we have to look out for bad people emit bad spirits who come out through their belly-buttons and get on their clothes and they transfer to peoples clothing which allows them to enter new persons through their belly-buttons this is a vicious cycle and it has to be stopped I will tell you how to do this one way to do this is to keep it warm and cozy to make sure it's stay inside the closet is as cozy as possible this can be achieved by wrapping a sock this way the spirit will be warm and enjoy itself for the duration of its time a woolen sock will warm the spirit if the spirit is evil it must not be allowed out it must stay in the closet no matter what this is absolutely essential



how much chaos could be caused if we were to eat all the keys we could find lock something away and eat the key this is the ultimate action the warmest gesture you make everything obsolete everyone forgets exist no more imagine if we make key dishes bake them arranged on the pan as though they were sausage rolls keys of all shapes and sizes of all kinds



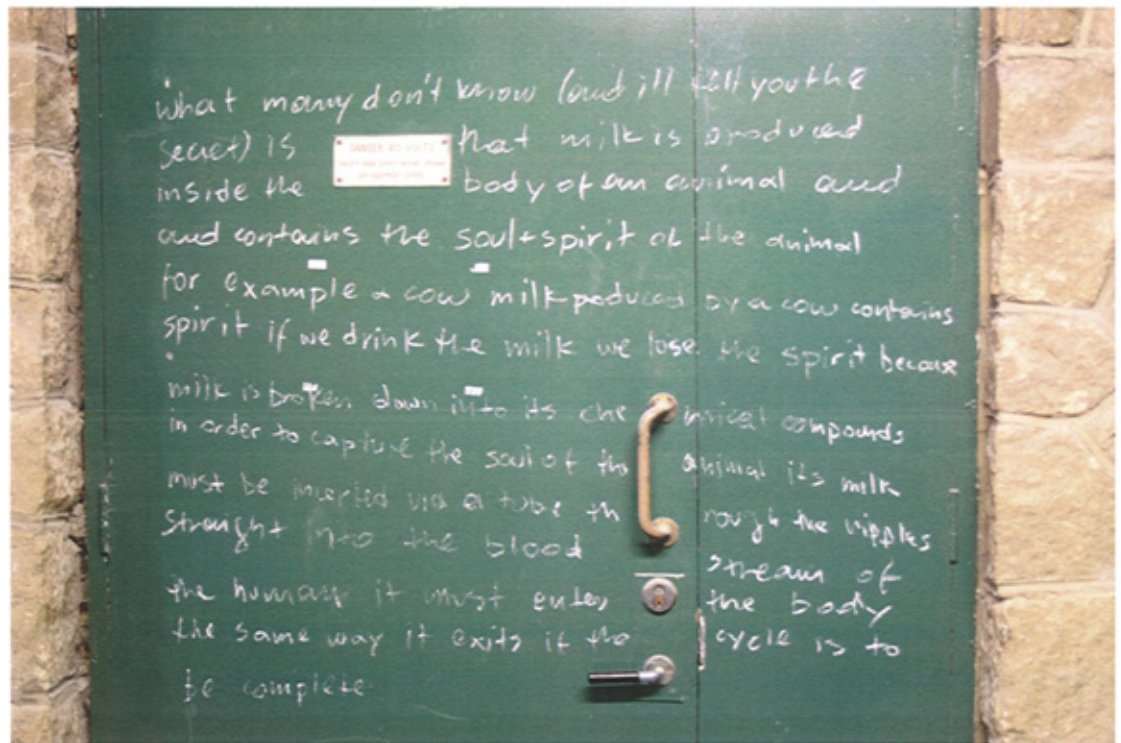
protect yourself from ideas from the bad ideas that are contained inside books protect peoples minds from things that may harm them tear bad ideas from books and insert them inside condoms so people cannot be harmed staple the open end to be sure that these ideas can under no circumstances escape



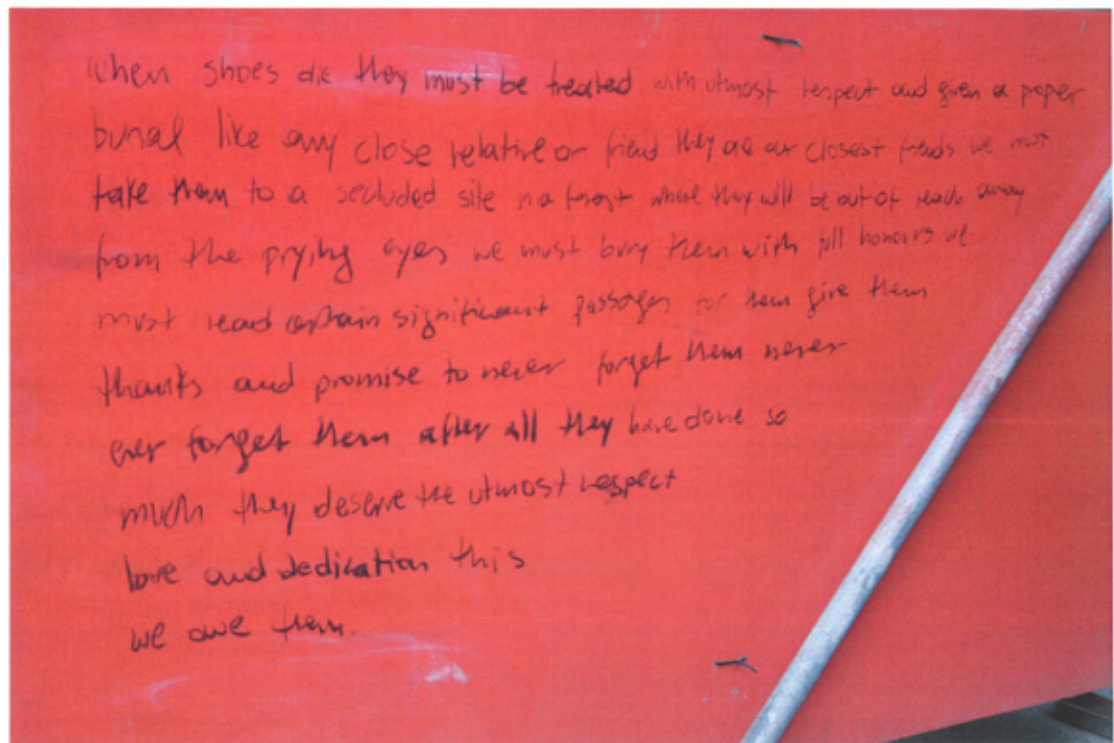
when you talk to someone and you don't know who it is for example on a telephone it may be the voice of God or a demon you mustn't take any chances if it is a God you are safe if it is a demon take the receiver part of the phone where the voice comes out and put it in a steel or wire cage the demons can only come out of the receiver that is the dangerous part you will thank me

all living creatures can move except
for plants they have to spend
their life on the spot where
they were born it is
so sad imagine
how much good
it would
create
if plants
could move walk
around relocate they
are the disciples of nature
and they should be able to move
around and spread their wisdom and
healing powers to other parts of the
globe we need to get vehicles for plants
shoes boots let them enjoy new
found independence let them
communicate with each other
and explore the
vast world

all living creatures can move except for plants they have to spend their life on the spot where they were born it is so sad imagine how much good it would create if plants could move walk around relocate they are the disciples of nature and they should be able to move around and spread their wisdom and healing powers to other parts of the globe we need to get vehicles for plants shoes boots let them enjoy new found independence let them communicate with each other and explore the vast world



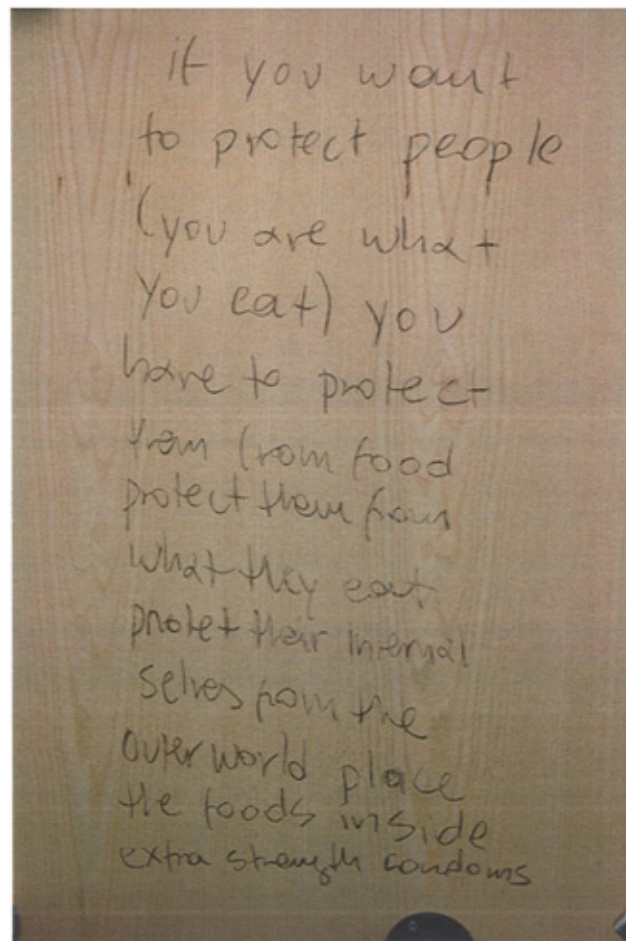
what many don't know (and I will tell you the secret) is that milk is produced inside the body of an animal and contains the soul+spirit of the animal for example a cow milk produced by a cow contains spirit if we drink the milk we lose the spirit because the milk is broken down into it's chemical compounds In order to capture the soul of the animal its milk must be inserted via a tube through the nipples straight into the blood stream of the human it must enter the body the same way it exits if the cycle is to be complete



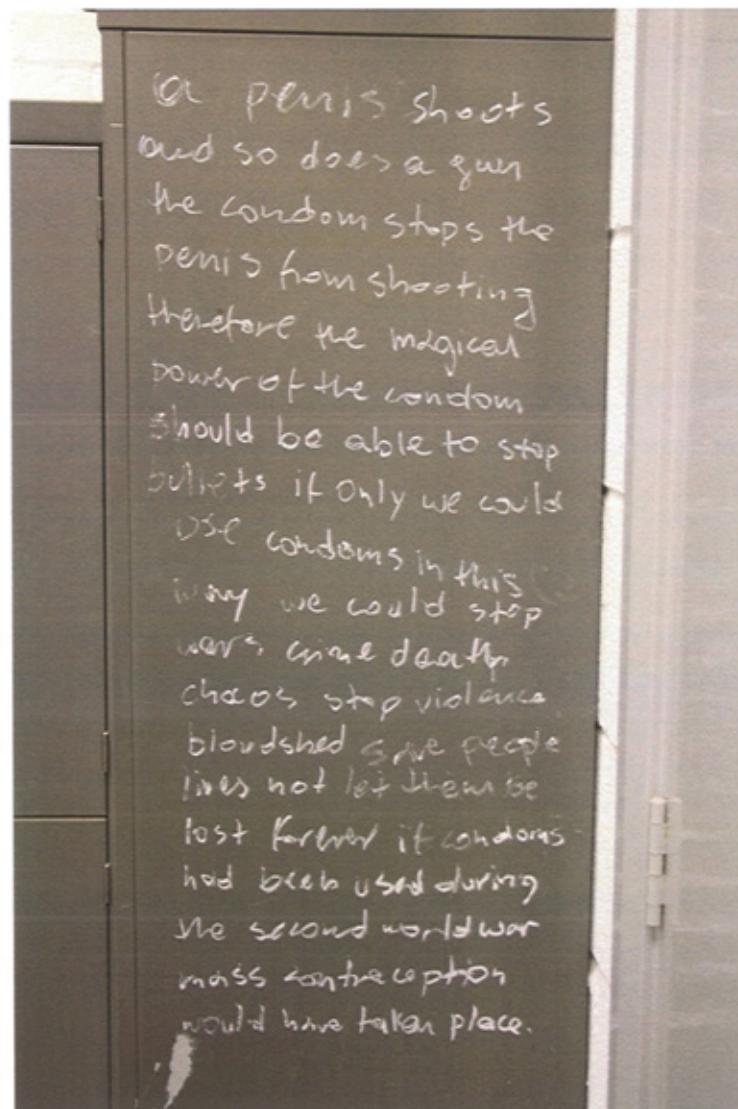
when shoes die they must be treated with utmost respect and given a proper burial like any close relative or friend they are our closest friends we must take them to a secluded site in a forest where they will out of reach away from the prying eyes we must bury them with full honours we must read certain significant passages for them give them thanks and promise to never forget them never ever forget them after all they have done so much they deserve the utmost respect love and dedication this we owe them



the meat garden is an alternative way of living it has been hailed as a truly monumental idea it consists of a big garden which contains rows upon rows of flowers about 100 by 100 meters square (the rows of flowers planted a metre apart with a metre margin around a big square patch of earth) these flowers are fertilized by the engine of a tractor not any tractor however in this engine we have put minced meat the meat that is left over in butcher shops the stuff they have not been able to sell this discarded meat which is like discarded life will be transformed by the incredible technology of the machine, the machine the machine the machine



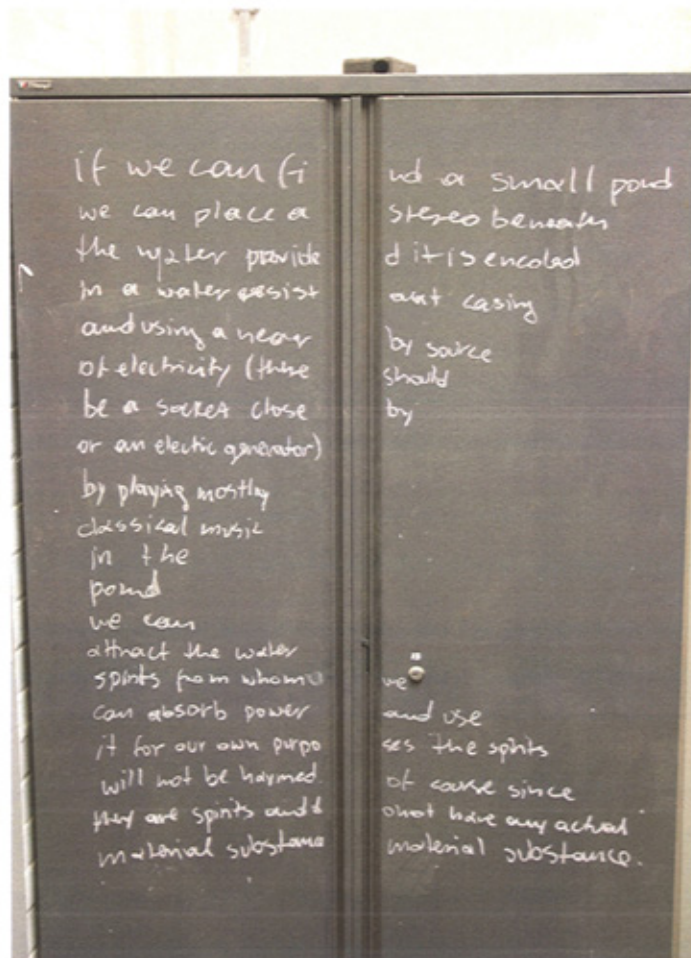
if you want to protect people (you are what you eat) you have to protect them from food protect them from what they eat protect their internal selves from the outer world place the foods inside extra strength condoms



a penis shoots and so does a gun the condom stops the penis from shooting therefore the magical power of the condom should also be able to stop bullets If only we could use condoms in this way we could stop wars crime death chaos stop violence bloodshed save people lives not let them be lost forever if condoms had been used during the second world war mass contraception would have taken place



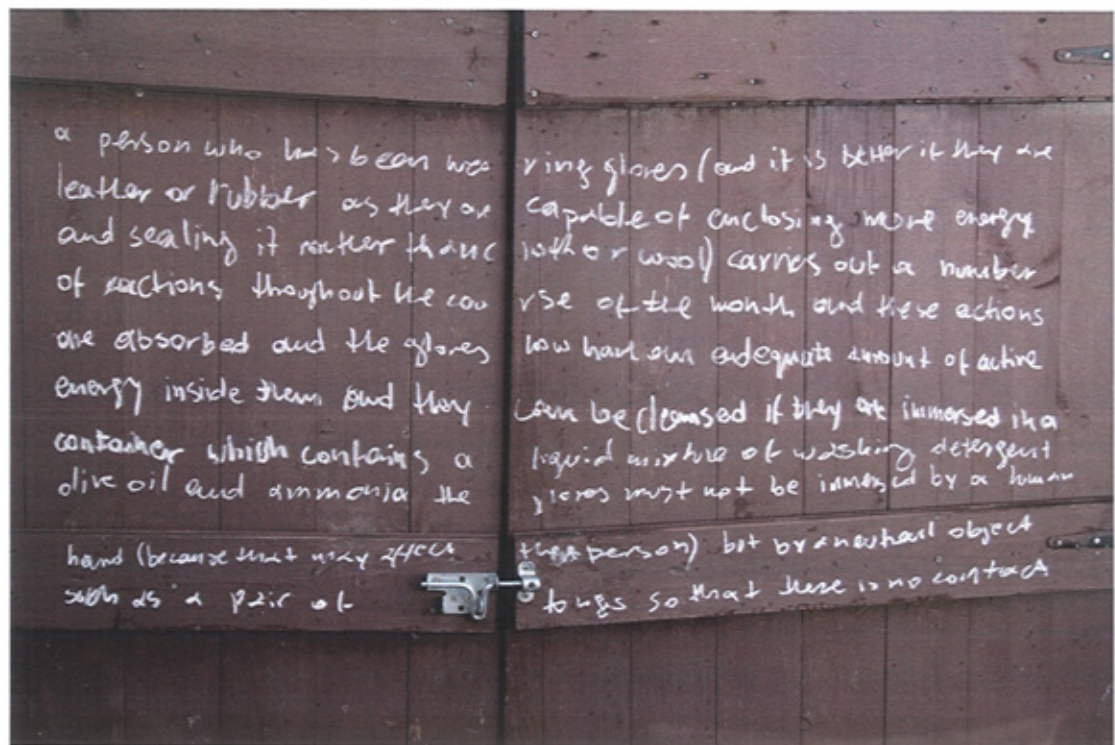
in the tank there is a bowl containing coffee as well as pair of scissors and a pair of powerful binoculars the person who is going to use the tank must take the small scissors (which have been exposed to a burning flame in order to be sterilized) to cut off a strand of their hair and mix it in with the coffee



if we can find a small pond we can place a stereo beneath the water provided it is enclosed in a water-resistant casing and using a nearby source of electricity (there could be a socket close by or an electric generator) by playing music mostly classical music in the pond we can attract the water spirits from whom we can absorb power and use it for our own purposes the spirits will not be harmed of course since they are spirits and do not have any actual material substance



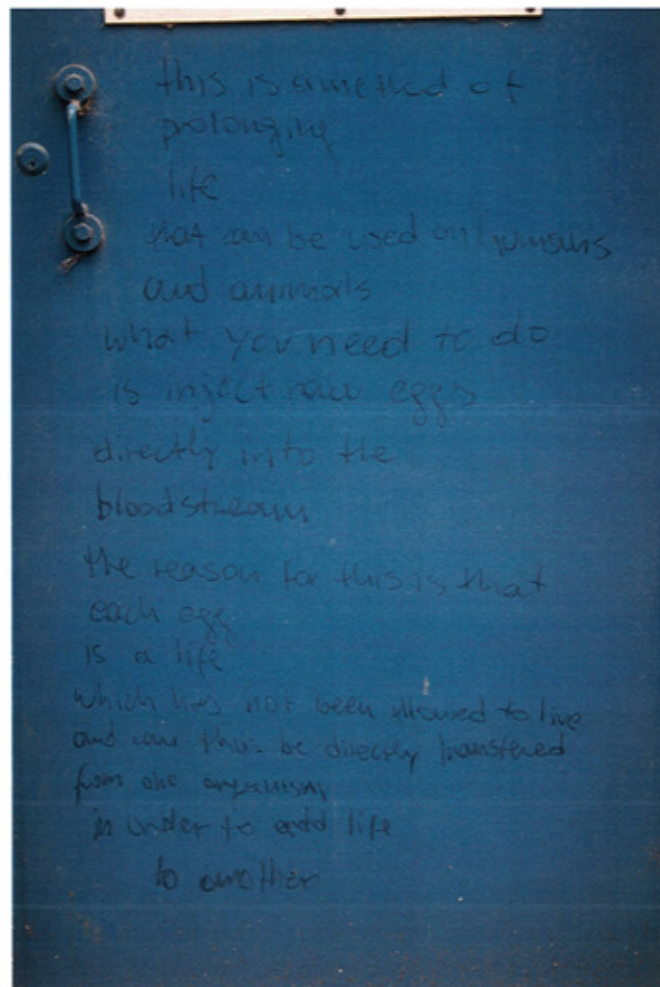
the device consists of a saxophone which has been filled with liquid wax and left to cool down so that the wax has been hardened and blocked every hole in the saxophone every possible exit for the potential music the music which has not yet been played but which exists inside the soul of the saxophone to escape through since every possible escape route has been sealed off the potential music has been trapped securely in order to release this music or any part of it for that matter one need only take a small scoop of this wax and melt it until it reaches its liquid form then it is possible to release some of the music



a person who has been wearing gloves (and it is better if they are leather or rubber as they are capable of enclosing more energy and sealing it rather than cloth or wool) carries out a number of actions throughout the course of the month and these actions are absorbed and the gloves now have an adequate amount of active energy inside them and they can be cleansed if they are immersed in a container which contains a liquid mixture of washing detergent olive oil and ammonia the gloves must not be immersed by a human hand (because that may affect that person) but by a neutral object such as a pair of tongs so that there is no contact



what is the true significance of a butterfly it is a beautiful winged creature which represents of nature's most awesome creations the colors on the butterflies are some of the most extravagant and complex that one could find in a purely natural environment it wasn't always like that though as it once used to be a caterpillar sort of creature crawling around and then came the massive transformation a seemingly lower form of life was transformed into a much higher one thus this creature moved directly into a much higher position in the chain of aesthetic evolution humans could similarly evolve with the help of contraption which resembles a big tank containing 100 butterflies of various species *angerona prunaria euchaena irraria plutodes discigera casbia fasciata edule ficulnea crateina julia xanthabraxas hemionata hibridles norax epiplema himala axia margarita callidula lunigera catacalopsis medinae carpella districta* the tank is large enough to allow the butterflies to fly around as they would in their natural environment there is small door on the side which can be fastened shut (to ensure that none fly away) and to allow someone to feed them and provide them with water and other important nutrients this tank has a breathing tube coming off of it that we insert into the human mouth



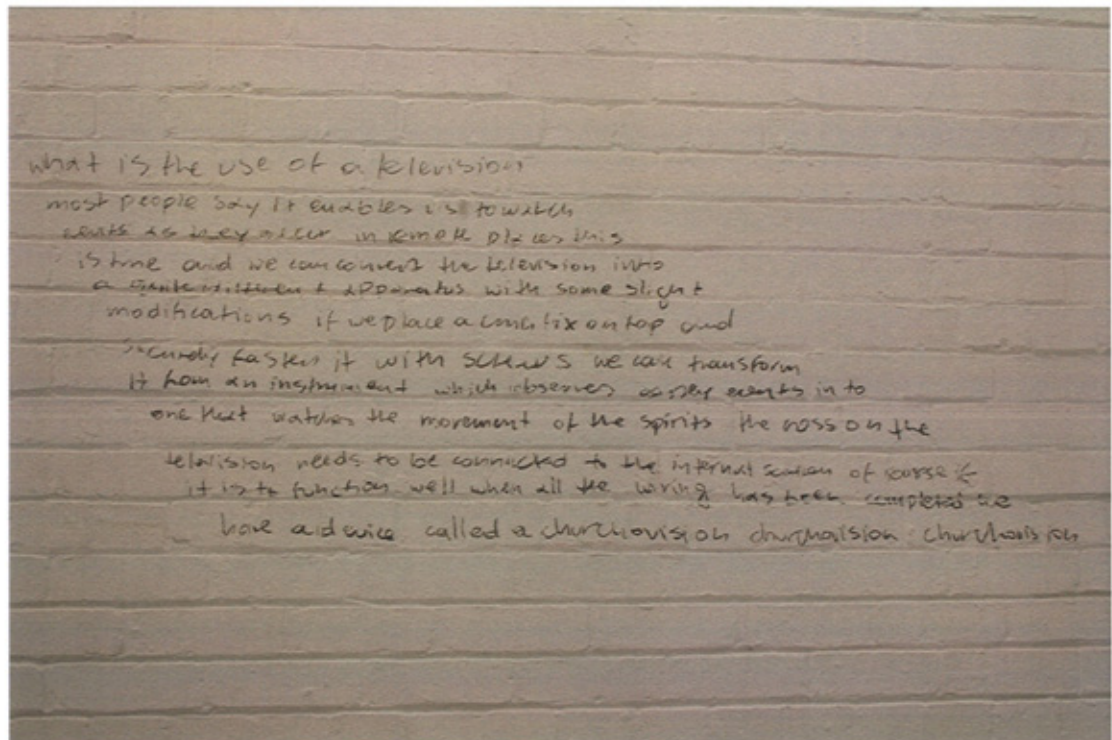
this is a method of prolonging life that can be used on humans and animals what you need to do is inject raw eggs directly into the blood stream the reason for this is that each egg is a life which has not been allowed to live and can thus be directly transferred from one organism in order to add life to another

the device that I have in mind
 consists of a computer with a
 hole on each side where a stethoscope
 has been connected with each ear piece
 to each hole the receptor end of the
 stethoscope is placed on the head
 of the subject and in this way the
 subject's thoughts feelings and
 emotions are extracted from them
 and transformed intact into digital
 data processed and certain desirable
 procedures automatically calculated even if
 the person in question is unable to
 express their desires and feelings
 in language they can still be picked
 up by the personal computer after
 calculating all the possibilities probabilities
 and outcomes (which is what it was made
 to do) the computer can make important
 life decisions better than any human friend
 family or counselor

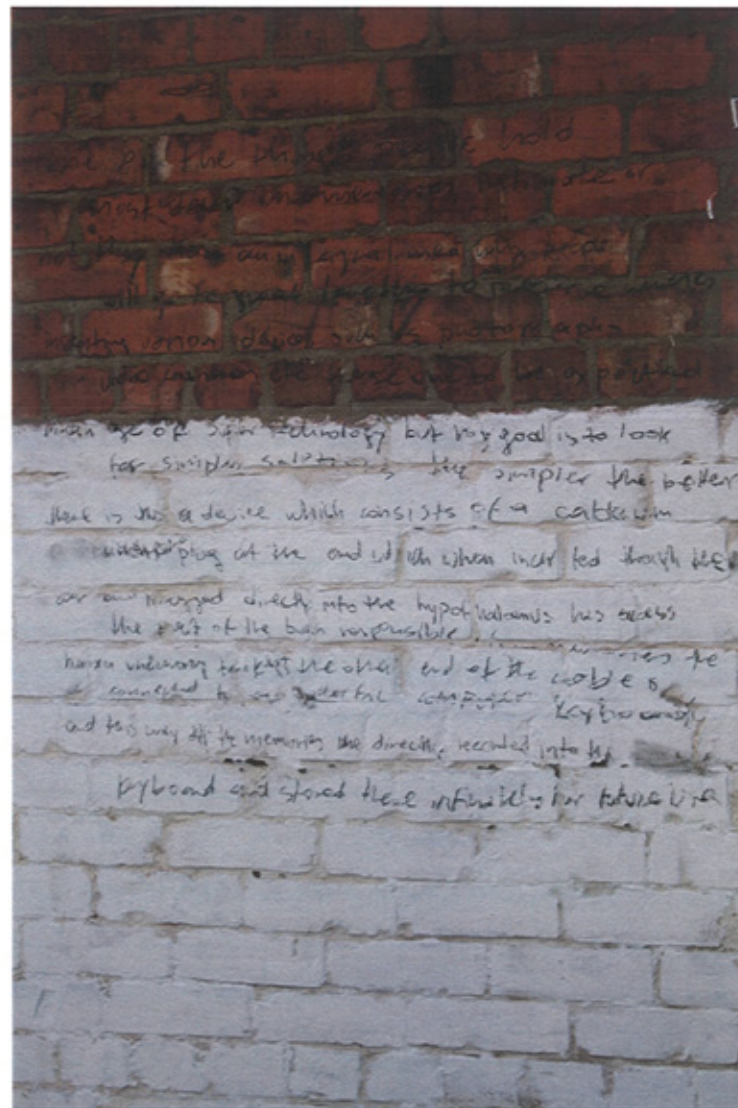
the device that I have in mind consists of a computer with a hole on each side where a stethoscope has been connected with each ear piece to each hole the receptor end of the stethoscope is placed on the head of the subject and in this way the subject's thoughts feelings and emotions are extracted from them and transformed intact into digital data processed and certain desirable procedures automatically calculated even if the person in question is unable to express their desires and feelings in language they can still be picked up by the personal computer after calculating all the possibilities probabilities and outcomes (which is what it was made to do) the computer can make important life decisions better than any human friend family or counselor

people
often hide
their true selves
from others so this
device could also be used
on living people if we know
how to extract their hearts the
hearts once collected are pierced and
placed on a long stainless steel rod this
should be undertaken one heart at a time with
the heart placed on the spit over a low flame
so that it doesn't burn the fire will purify
the heart we all know how fire is used
as the ultimate purifier this process
will eventually release the soul of
the person from the heart
this soul will slowly rise
out of the heart and
be released into
the atmosphere

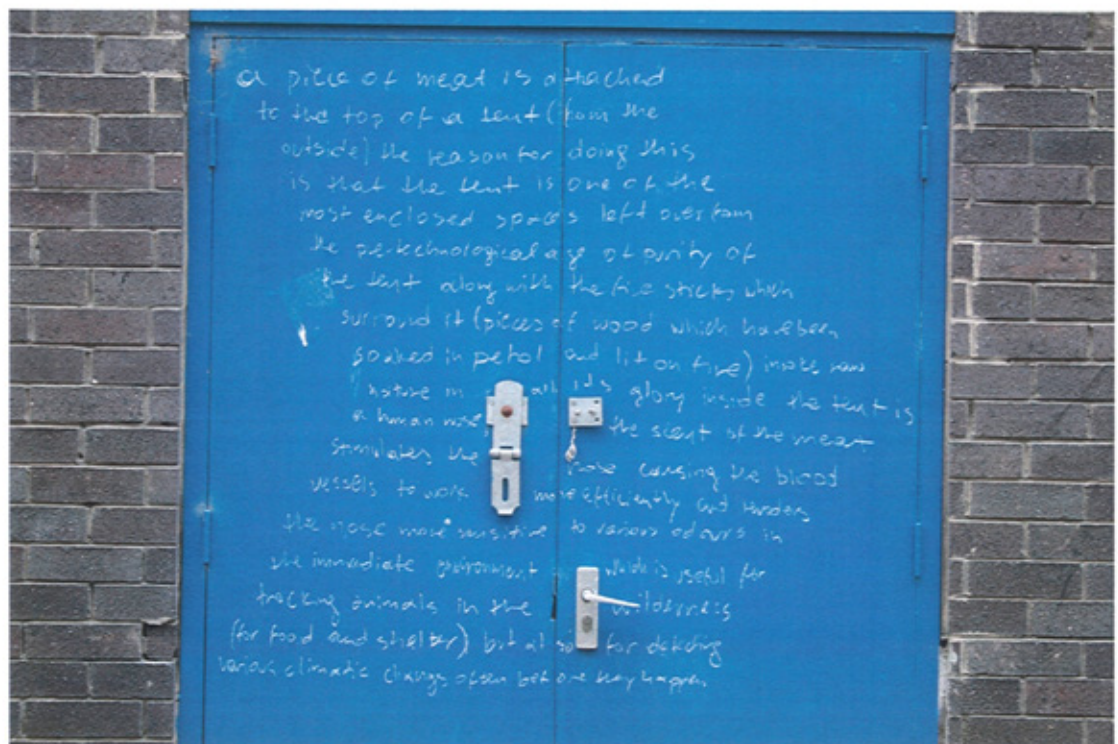
people often hide their true selves from others so this device could also be used on living people if we know how to extract their hearts the hearts once collected are pierced and placed on a long stainless steel rod this should be undertaken one heart at a time with the heart placed on the spit over a low flame so that it doesn't burn the fire will purify the heart we all know how fire is used as the ultimate purifier this process will eventually release the soul of the person from the heart this soul will slowly rise out of the heart and be released into the atmosphere



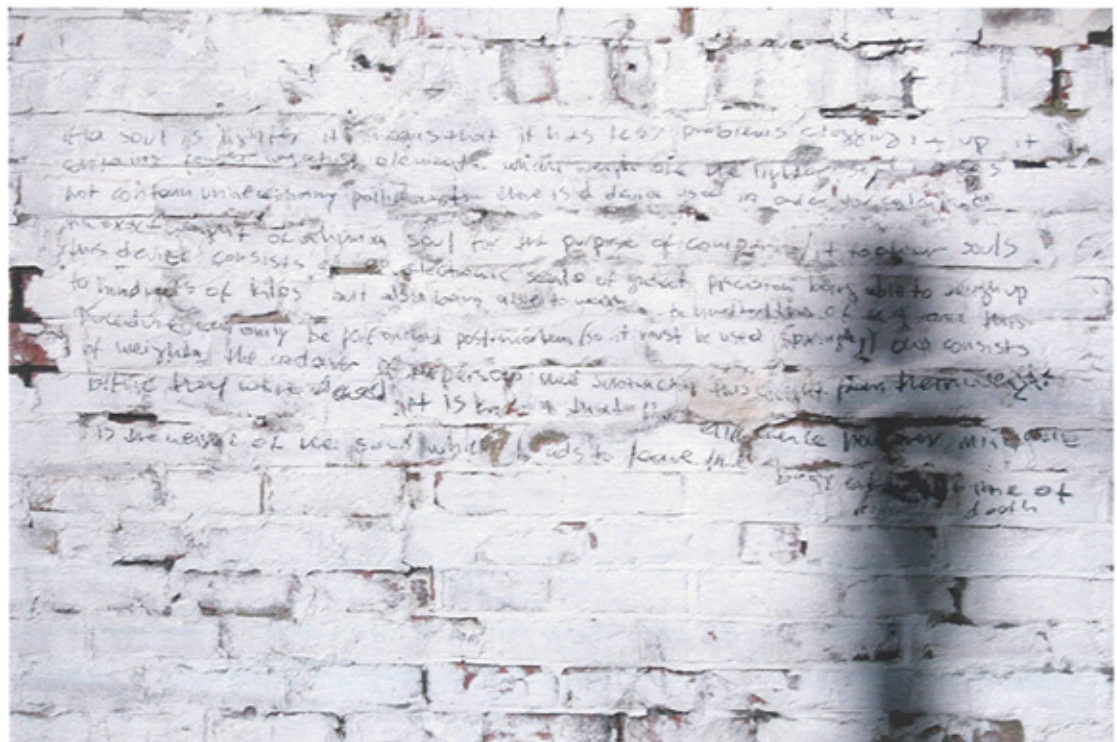
what is the use of a television most people would say it enables us to watch events as they occur in remote places this is true and we can convert the television into a quite different apparatus with some slight modifications if we place a crucifix on top and securely fasten it with screws we can transform it from an instrument which observes earthly events into one that watches the movement of the spirits the cross on the television needs to be connected to the internal screen of course if it is to function well when all the wiring has been completed we have a device called a churchvision



one of the things people hold most dear are memories intimate or not they have an integral meaning people will go to great lengths to preserve memories inventing various devices such as photographs video-cameras etc these are to be expected in an age of super technology but my goal is to look for simpler solutions the simple the better there is thus a device which consists of a cable with a miniature plug at the end which when inserted through the ear and plugged directly into the hypothalamus has access to the part of the brain responsible for memories the human memory tank that is the other end of the cable is connected to an electric computer keyboard and this way all the memories are directly recorded into the keyboard and stored there indefinitely for future use



a piece of meat is attached to the top of a tent (from the outside) the reason for doing this is that a tent is one of the most enclosed spaces left over from the pre-technological age the purity of the tent along with the fire sticks which surround it (pieces of wood which have been soaked in petrol and lit on fire) invoke raw nature in all its glory inside the tent is a human nose the scent of the meat stimulates the nose causing the blood vessels to work more efficiently and renders the nose more sensitive to various odours in the immediate environment which is useful for tracking animals in the wilderness (for food and shelter) but also for detecting various climatic changes often before they even happen



if a soul is lighter than another it means that it has less problems clogging it up it contains fewer negative elements which weigh one the lighter soul does not contain unnecessary pollutants there is a device used in order to calculate the exact weight of a human soul for the purpose of comparing it to other souls this device consists of an electronic scale of great precision being able to weigh up to hundreds of kilos but also being able to weigh to hundredths of a gram this procedure can only be performed post-mortem (so it must be used sparingly) and consists of weighing the cadaver of the person and subtracting this weight from their weight before they were dead it is known that the difference however minuscule is the weight of the soul which tends to leave the body at the time of death

5.7 My Simulation of psychosis

The 'wall-pieces' are textual descriptions of possible sculptures, which are not materialised. For many of the works the realisation in three dimensional form would be a practical impossibility. Thus they remain in the form of sculptural ideas. The way they were exhibited on the walls of an institution is also an attempt to undermine this establishment, a reoccurring premise in Psychotic Art. There are a number of themes that run through the works, many of them repeatedly alluding to the characteristic of 'perseveration' (meaning 'repetition', seen in section 1.1.1) present in many compositions of psychotics. One of the repetitive ideas is that of protection, often entailing irrational fears (fear of death or extinction). This protection (from dangerous ideas, food, internal destruction, demons, evil spirits, religious beliefs, bullets, etc) is often manifested in the symbolic form of a condom. Also, the notion of protection is usually proposed by covering the object to be protected, or enclosing it inside something. In some cases, excessive protection turns into imprisonment. Another attribute that exists in most works is delusional beliefs. Some of the most common delusions are: notions of purification and cleansing (cleansing the heart, [a symbol of the soul]; cleansing ones thoughts, or deeds; cleansing one's body), power and control (over animals, other humans, nature and the weather), prolonging life, and paranoia, which is related to the irrational fears mentioned above (fear of death, fear of mental/physical breakdown, fear of destruction, fear of evil). There are also numerous references to magical beliefs and ritualistic behaviour. These often involve the notion of taking a specific substance, liquid or chemical inside the body (through ingestion, drinking, smoking the fumes, injecting into the body), of creating magic mixtures (with unlimited power) from specific substances (ammonia, oil, milk, water

etc), or carrying out specific ceremonies (burial, bathing, communicating with spirits etc). These actions usually aim for a positive outcome (control, extending life, purifying the self etc). A number of the texts contain magic numbers (such as ten, twelve, or one hundred) and are arranged into special shapes (often in the forms of triangles [upright to denote stability or inverted to denote instability] or various formations of arrows). Symbolism is rampant in the described sculptures, many of them being religious (cross, fish) and many dealing with a private symbolism (meat, flowers, juice, nails, incense, toaster, egg, mirror, etc). There are also symbolic shapes (like the circle or the square) which acquire special, private meanings. There are some works referring to religious beliefs, either in a positive (salvation) or entirely negative (lies, deceit, punishment) light. Another theme found in the sculptures is that of sexuality, at times manifested into power over the opposite gender, while other times into destructive and immoral beliefs (death, murder). The theme of sexuality is in some cases portrayed through obscenity and the sexual act (like many examples of Psychotic Art). Yet another characteristic of a number of these narratives is that they describe machines of some sort, in accordance with much of the content of Psychotic Art. Finally, the incomplete nature of the pieces (the narratives have no beginning or end) gives them the transient quality present in much of Psychotic Art. Overall, these narratives portray some of my deepest thoughts, however immoral or disturbing they may be.

5.8 The response to my practice

In this section I will describe some interesting responses to my artworks. In order to prepare for the viva voce examination of this study I was required, as my

thesis was a practice-led submission, to recreate several of my written texts on university walls, both indoors (Fig.137, Fig.138) and outdoors (Fig.139, Fig.140). Although I had gained permission from the appropriate University authorities, I installed the works without giving prior notice to the students and staff using the buildings. The students I encountered while I was at work were curious and stopped to watch. One onlooker inquired as to what I was doing giving me the impression that they did not think I was involved in an art activity. Furthermore, whilst working at night I overheard passers by wondering if I was vandalising the University walls and this seems to confirm that the art school community that came into contact with my text-works were not approaching the experience within an art context (possibly because some texts were intermingled with pre-existing graffiti [Fig. 141]).



Figure. 137



Figure. 138



Figure. 139



Figure. 140



Figure. 141

I alerted the University porters and cleaning staff to the existence of my texts (and explained them as an art project that was part of a doctoral examination) in order to ensure that the works were not cleaned off the walls before the examiners had witnessed them. It is clear that the arrangements for the examination imposed limitations on my aspiration to generate text-works that arose subversively within an institutionalized art school context. From this point of view it is clearly important that the act of writing narratives on University walls takes place without official permission. Given that I am a research student, this level of detachment from institutional authority is, in the end, not feasible. However, there were indications that my text-works transgressed institutional identity. After the texts had been up for a day I discovered they had been tampered with (probably by students working in nearby studios). For example, words had been erased, apparently randomly (Fig. 142) and another piece had been inscribed underneath with “THIS ISN’T FUNNY Nor is it good” (Fig. 143).

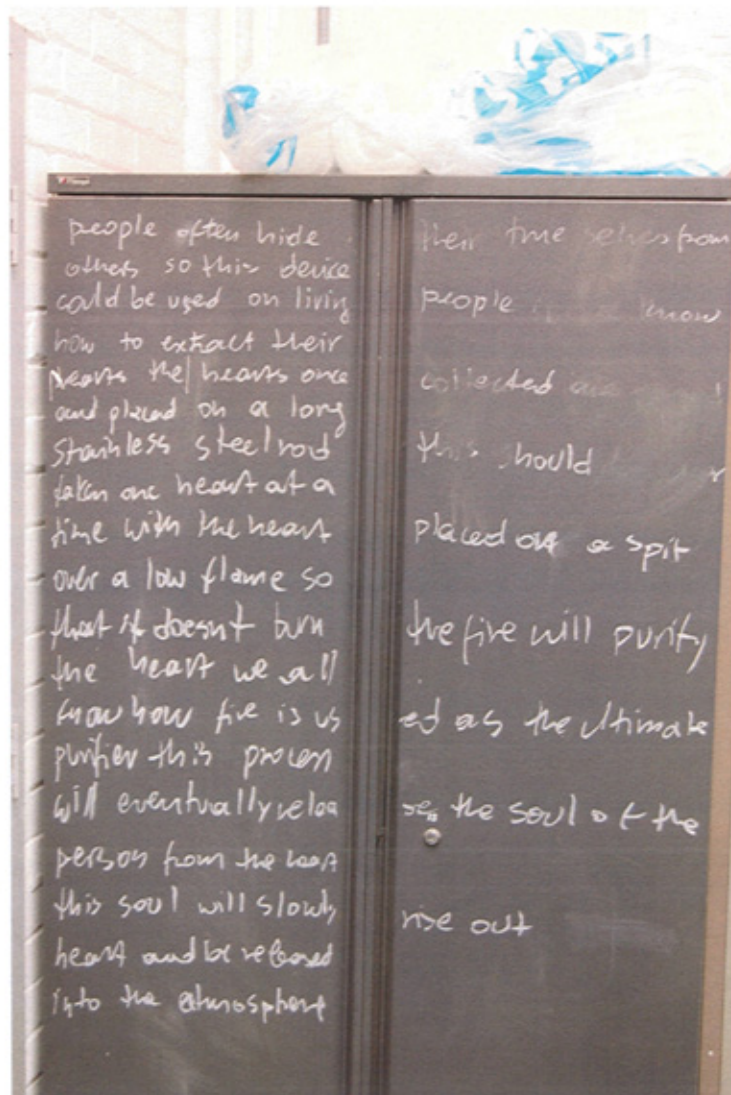


Figure. 142

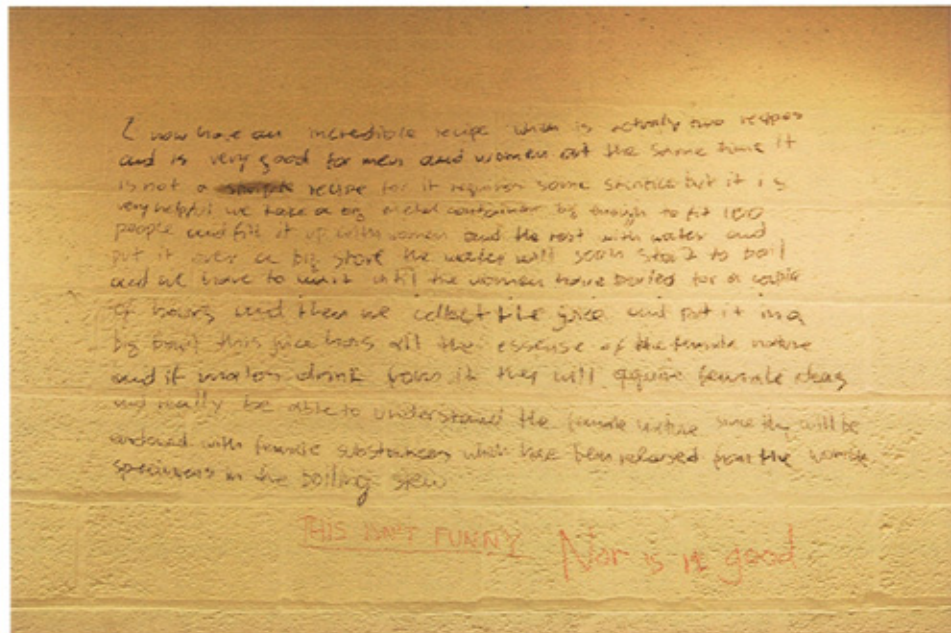


Figure. 143

It seems possible that, as the first part of the inscription is in block capitals and the second in lower case, the two parts of the statement were written by different people. "Nor is it good" may be a comment added later to "THIS ISN'T FUNNY". Nearby another inscription written under a text read "STOP WRITING ON OUR WALLS" (Fig. 144). As these two texts were situated outside the studios of the undergraduate students who had watched me put the works in place, I am assuming that they were responsible for these additions.

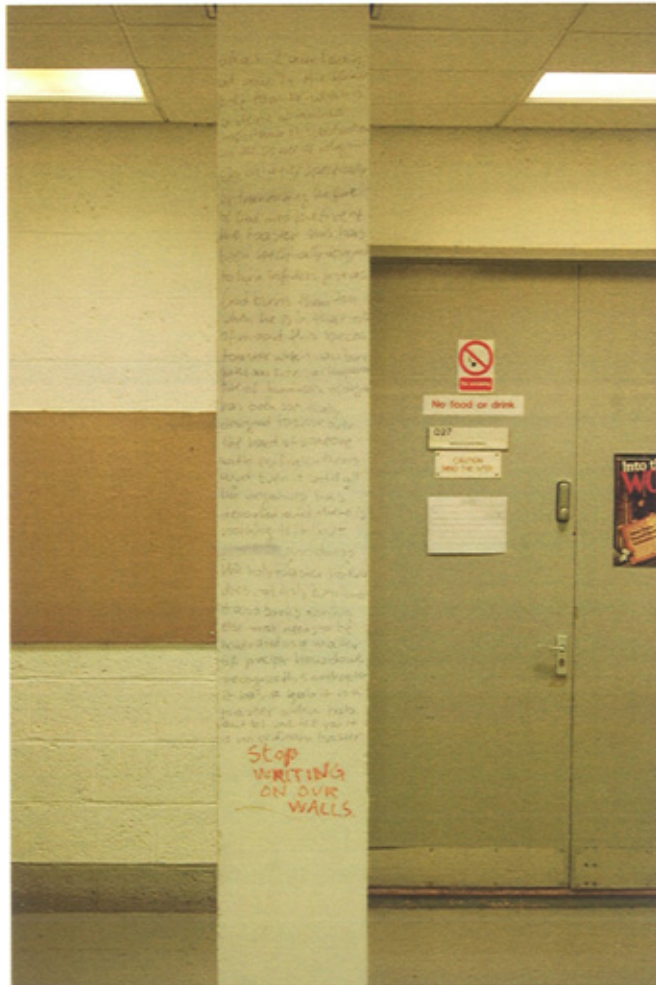


Figure. 144

The reactions to my text-works confirmed that my practice had a certain capacity to effect, even undermine, an institutional environment. Despite the unavoidable compromises of the examination process, I had still managed to operate as an 'outsider' in a context in which artistic unconventionality, and free creative action, are held in special esteem. I had made myself a source of contempt for the students and in this way tested the boundaries of art school establishment. In substantiating my status as a misfit, or a loner, within my viva voce examination I was able to demonstrate the particular characteristics of my simulation of psychotic and outsider creation. I had developed a practice that, like the creativity of many

psychotic and outsider artists, did not share a sense of community with other creators. My text-works (especially the ones commented on by the students) clearly placed my concerns as an artist outside mainstream artistic practices as understood within the microcosm of the Division of Visual Arts at Northumbria University. This rejection has, rather like the 'aural hallucination' exercise at Newcastle College, helped me understand the relationship between my practice and the art of outsiders and psychotics.

Chapter 6: Conclusion and Discussion

The final part of my thesis seeks to give the reader the fullest version of my theory of Simulation, the term I introduced in Chapter 4. This will be an account of a radical artistic procedure that mimics (for celebratory and constructive reasons) the creativity of patient-artists, an area of artistic production studied by renowned theorists and artists throughout the nineteenth and twentieth centuries. However, a full account will also move beyond the familiar art historical territories associated with writing on Modernist movements and Outsider Art, to embrace the practical and theoretical experience of Simulating patient-artist practices in a postmodern context. Therefore, this conclusion provides an evaluative discussion based on both the findings of my chapters developed using the standard literature on Psychotic Art and the later section of the thesis built on my recent experiences as a Simulator artist.

6.1 The progression from madness to the Simulation of Psychotic Art as both a Modernist and Postmodernist idea

In this section, I would first like to remind the reader of the cultural and theoretical developments within the history of madness that helped construct the concept of Psychotic Art, as have been introduced in Chapter 1 and 2. As we have seen in the first chapter, madness has been a topic of fascination and speculation in many cultures throughout history. The writings of ancient Greek philosophers such as Plato and Aristotle show, for example, the important role of unreason in the

intellectual traditions that inspire Western culture. Plato described the divine inspiration of poets as a form of madness while Aristotle discussed the part played by mental turmoil in human creativity (page 41).

During the Middle Ages madness was regularly thought of as a liberating condition (Foucault, 1965, pp.117-125). This idea was important to the influential work of Michel Foucault. It is worth noting that this author's anti-enlightenment project required the salvaging of the Medieval celebration of emancipatory folly. In seeking to reverse our assumptions about progress in psychiatric knowledge and practice (a skeptical discourse now so familiar that it needs little elaboration here except to say that it was part of an ambitious deconstruction of our reliance on reason, civilisation and order) Foucault revised the entire European experience of madness from the arrival of the Renaissance to the development of psychoanalysis. He saw this history as a manipulative rejection of the customs and attitudes of the Medieval and Classical periods. At the time of writing this thesis, a debate surrounds the publication of the first English translation of the original French edition of the *History of Madness* [the translated version of *Madness and Civilisation* (1961)].⁷ For example, Andrew Scull's review in the Times Literary Supplement (March 23rd, 2007, p.3) highlights the lack of primary evidence in any of Foucault's claims, reinforcing my own caution about adopting a poststructuralist position toward the body of nineteenth and twentieth century literature used in the first half of the thesis.

However, recent work by historians such as Sergey Ivanov [seen in his book *Holy Fools in Byzantium and Beyond* (2007)] does strengthen a Foucauldian fascination for madness as an escape from social and political conformity. Ivanov studies the role of foolery throughout the history of Judaism, Christianity and Islam,

⁷ Foucault, M., (2007) *History of Madness*, trans. Jonathan Murphy & Jean Khalfa, London: Routledge.

and although his book lies outside my field of study it is worth mentioning because the topic examines the deliberate abandonment of the sensible, often purposely courting the scandalous and provocative, for religious ends. In these acts of feigned madness perhaps one can see some kind of anticipation of the artistic Simulation of the patient-artist that developed in the twentieth century. There are certainly similarities with the eighteenth century notion of the insane genius, an idea that influenced the Romantic movement. The famous artists, writers and musicians of this movement bequeathed an attitude toward creativity that places ‘abnormal’ states of mind at the center of artistic experimentation right up to twentieth century uses of drugs to induce quasi-psychopathological states.

I have linked the institutionalisation of psychotic patients to the development of these ideas about madness and creativity. My account of the history of madness in Chapter 2 described how hospital psychiatrists studied the artworks made by their patients and compiled lists of characteristics found in Psychotic Art (for example pioneering theorists such as Lombroso). By the end of the nineteenth century increased debate and analysis (at events such as the Chicago Conference of 1892 which promoted Psychotic Art in a positive light) produced taxonomies based on the features of psychotic art that could be used for diagnostic purposes in psychoanalysis (see the work of Gantt and Howie, section 2.1.7). From this point it is not such a big step to apply formal mannerisms found in patient art to the qualities and properties of art in general in the hope of identifying the roots of creative experience. My thesis has examined these developments using my own categories of artistic production: the patient-artist, the artist-patient, and the Simulator of Psychotic Art.

As the study of Psychotic Art (notably by psychiatrists such as Marie, Prinzhorn, Kris and Morgenthaler) reinforced the special creativity of patient-artists in

the minds of mainstream artists, a general cultural interest in Psychotic Art blossomed in the first half of the twentieth century. Modernist movements saw the forms of art-making emerging within the analytical frame of Psychotic Art as an opportunity to explore alternative artistic practices. The resulting Simulations of patient-art by mainstream artists helped produce novel and radical art movements which sought to subvert and challenge the established values of high art. Some progressive artists explored Simulation in conjunction with dream generation, automatic drawing and the consumption of chemical substances, attempting to experience psychological states close to the conditions of actual insanity. In the terms set out in this thesis, these experiments took the Modernists in question perilously close to becoming artist-patients, a category of Psychotic Art that has existed within the traditions of high art at least since the eighteenth century (see the discussion in Chapter 3). The idea of Simulation, as investigated in this thesis, was to imitate and utilise the ‘outsider’ actions of patient-artists, not emulate the accepted (if sometimes rather eccentric) accomplishments of artist-patients. Patient-artists attained levels of unbiased creativity that ran so free and wild they contradicted the values of post-Renaissance European art. Simulators wanted to make artworks that cultivated the perilous purity of creation and the exemplary opponent of this trend was Art Brut (see Chapter 4).

To strengthen this point I would like to briefly turn to a famous (but still controversial) essay by the founder of Art Brut, Jean Dubuffet, written in the mid 1960s (Hollier & Mehlman, 1999, pp.88-93). The topic was the critical censoring of the writer Louis-Ferdinand Celine (1894-1961) who’s anti-Semitism and collaborationist activities during the Second World War had overshadowed his literary achievements as a member of the avant-garde. In Dubuffet’s mind the artist’s right to disregard cultural codes was more important than his political conduct. The

essay is interesting because it reveals the extremities of the Simulator's approach. It was clearly scandalous and provocative of Dubuffet to dismiss Celine's fascism and claim that criticism of his behaviour in the Second World War was a form of cultural and artistic ignorance. Indeed, Dubuffet's position seems to be that Celine's sympathy for the Vichy government and the Nazi occupation was a manifestation of his creative non-conformism. The post-war intellectuals who led the denouncement were described as only playing at the role of rebels ("but of course their rebellion is fake" [Hollier & Mehlman, 1999, p.89]) and, as a result, the principles behind their condemnation can be described as symptoms of the high-minded cultural orthodoxy that all progressive and creative people must actively confront and subvert. In transplanting Celine's reputation to the "wretched terrain of politics" (Hollier & Mehlman, 1999, p.88) the critics were obscuring "the incandescence of poetic creation" (Hollier & Mehlman, 1999, p.89). Furthermore, the critics were "looking to literature for nothing more than hair-splitting discussions of topics as elementary, insipid and pointless as sociology and civics" (Hollier & Mehlman, 1999, p.89). It is relevant to the theme of this thesis that Postmodernism has done just this: it has treated art as a sociological and political activity. Indeed, when Dubuffet writes that "the intellectual mannerisms of the lawyer, journalist, and politician have insinuated themselves into the forms of writing and supplanted artistic creativity" (Hollier & Mehlman, 1999, p.91) he identified (before the fact) the discursive and reception-oriented traits that have made the Simulation of patient-art so difficult in the contemporary art world.

However, the burden of Chapter 4 was that the concept of Simulation can be applied to the work of some types of Postmodernist artist even though it is clear that the idea was increasingly rejected by most fine art practitioners from the end of the

seventies. The interest in Simulating the experiences of patient-artists certainly lost its provocative edge as the focus of creative experimentation was relocated in the actions of the viewer rather than in the processes of the artist. This shift was a central theme for the American art critic Hal Foster (1892-1982), who saw the development of postmodern practice as a change in position in which “the artist becomes a manipulator of signs more than a producer of art objects and the viewer an active reader of messages rather than a passive contemplator of the aesthetic or consumer of the spectacular” (Harrison & Wood, 1993, p.239). I believe that Chapter 5 shows that where an interest in Simulating Psychotic Art has survived as a viable postmodern artistic practice, it remains in essence the product of the particular cultural and theoretical developments outlined in Chapters 1 and 2 and is recognizably the same process of Simulation used by Modernist artists such as Jean Dubuffet.

This can be seen in the video work of Dan Graham which, in adopting political perspectives on the issues of power relations (Harrison & Wood, 1993, p.237), conforms to both the characteristics of Postmodernism and the mid-sixties anxieties of Dubuffet. The interesting point is that Graham’s non-Modernist use of the interactive capacities of his audience also entails the Simulation of ‘psychotic’ thought processes provoked in the mind of the viewer by the situation unfolding on the screen.

Later examples of artworks that link the experiences of the psychotic with that of the spectator, take advantage of the development of immersive technologies. Here I am referring to the ‘virtual reality’ goggles of Elan and ‘audio-video’ helmets of Mathieu Briand (page 305). These artists mix interaction with the Postmodernist’s passion for blurring fantasy and reality, a concept famously celebrated in the writings of the French theorist Jean Baudrillard (1929-2007) (Harrison & Wood, 1993, p.241).

In immersive artworks the artist cannot stand apart as a privileged voice expressing non-conformity, and the viewer cannot avoid being a participant in the Simulation of psychotic states of mind. However, my point is that even in these exemplary postmodern works the shift from production to reception does not affect the idea that a psychotic patient-artist is a special kind of creative agent worthy of Simulation. In the work of Elan and Briand the value of the process has been simply transferred from the experience of the artist to that of the interactive viewer. It is my contention that these cases of audience-oriented Simulation are as much the product of a mainstream artistic interest in the patient-artist as the Modernist versions defined in Chapter 4. The central argument of my thesis has been built around this observation and I shall return to the ongoing potential of the idea when I evaluate the contribution to knowledge I have attempted within the research project as a whole.

6.2 My own discovery of a Simulatory practice

In this section I will explore my theoretical interests in relation to my own history as a practitioner. At first, my practice was shaped by the Modernist conventions that emulated the creative freedom of the psychotic artist (both patient-artist and artist-patient). The study of the historical and theoretical background to these conventions helped me to develop the concept of the creative Simulator of patient art. This term was a personal response to a debate about authenticity: i.e. is it possible to make patient-like art when you are not a psychotic patient (a question that arose in Chapter 5)? I was able to engage with this question by adopting a term that avoids confusing a disabling infirmity with a highly expressive language that, once discovered, can be utilised for many communicative purposes. Once I had uncoupled

my thinking in this way I was able to realise my own Simulation of Psychotic Art whilst experimenting with the audience-oriented approach of the Postmodernist.

I developed a specific thought experiment which enabled me to consider and evaluate this decision. I asked myself whether I would have had the ‘right’ to take on this creative project had I been psychotic myself. The answer was obviously affirmative. I then wondered if I would have the same right had a member of my immediate family been a victim of the disorder. The answer was again confirmatory. Next I speculated that, if I had a close friend who was psychotic, and decided to explore my own Simulation of Psychotic Art, the answer would still be positive. In this way I was able to understand the relationship between the Simulatory process and the creative experiment I was engaged in.

For a sculptor with my background the shift from production to reception (particularly as detailed in the discussion about postmodern immersive artworks) drives a wedge between my use of creative expression as a form of self-therapy and the interpretative role of the viewer. Chapter 5 gives an account of my struggle with the impact of audience oriented practices of contemporary art. The resolution of these difficulties came in the form of a series of textual wall-pieces, in which I used words to create visual artworks that simultaneously addressed my personal discomfort with the institutionalisation of university life, and the irrational thought processes and unrestrained associations of words and meanings that might lurk in the day-to-day imaginings of the users of the campus buildings. These pieces Simulated the psychological characteristics of the psychotic mind-state (see Chapter 1) using unannounced graffiti-like interventions on the walls of Northumbria University. The result was a sense of dislocation within the fabric of normality enshrined in the

institutional environment. The effect had a great deal to do with the implication that the narratives could have been written by anyone working in the university.

The development of the textual wall-pieces helped me to recognise the contribution that my term 'Simulation' makes to the practice-led dimension of research into the future of the concept of Psychotic Art. Once I had developed my interventionist approach I began to sketch out my own 'guidebook' for Simulating the psychotic condition of patient-artists in the context of a Postmodernist art practice. My idea was that my progress as a practitioner could be summarised in a personal manual that set out the procedures I had discovered whilst exploring a contemporary form of Simulation. The effectiveness of the concept of Simulation is that it addresses the various conventions that arise in the psychotic condition and can thus be replicated by other artists and applied to diverse areas of contemporary artistic practice. This suggests that imitating patient-art is a learnable, and ongoing process. Thus, as I considered the rules I had constructed to achieve my own form of Simulation, a space opened for me to describe the practical aspects of transferring an eclipsed Modernist idea into the domain of Postmodernist practice.

In a sense my aim was to offer intellectual support to this transfer procedure, and I turned to John Modrow's 'how-to' book in order to develop a reflective model that would serve as a template for theorising my practical experiences as an artist. I converted Modrow's ironic specifications for becoming psychotic into three categories for Simulation for becoming as creatively radical as a patient-artist: 1) the creative environment should be dysfunctional (Modrow cites his dysfunctional family environment as a factor in the development of his own illness) 2) the creative agent should avoid any sense of self-esteem (Modrow cites injury to his own self-esteem, both at home and at school, as a breeding ground for schizophrenia) 3) the creative

output should attract negative reactions (Modrow cites the unsympathetic responses of psychiatrists as a contributing aspect of the continuation of his condition).

If we compare the practical work described in Chapter 5 with my converted guidelines it is possible to see how the series of actions by which I progressively became a postmodern Simulator of patient art reflect a set of key conditions derived from Modrow's decline into the psychotic state: 1) I fell into an obsessive tinkering routine in the studio rather than pursuing finished works; 2) I decided to write about possible artworks rather than actually make them; 3) I resolved artworks as uninvited wall-text interventions (graffiti) rather than organising exhibitions. Modrow's 'how-to' rationale fits in with my creative strategies as follows: 1) I purposely cut myself off from the art school environment in order to make this environment dysfunctional and created my own personal environment within this one; 2) By extinguishing my self-esteem, I blurred my own limits between fantasy and reality setting loose my instincts, temptations and insecurities. This led to a series of incoherent and 'irrational' thoughts, many of which manifested themselves into uncomfortable narratives which were often violent and unethical; 3) I used graffiti on institutional walls in order to portray my delusional and incoherent ideas, thus eliciting negative responses and thoughts from audiences that use the art school environment, (both students and the institutional authorities) who thought I was trying to deface the university premises. The students' reactions were indeed negative, approximating the third specification (about negative feedback) set by Modrow.

The fact that I could construct practice-led guidelines underlined the usefulness of the term 'Simulation'. At this point, we can pause to evaluate the role of this term in the concluding chapter of my thesis. I would argue that Simulation is an accurate description of what the Modernists did. The Expressionists and

Surrealists were not actually artist-patients and, as explained in Chapter 4, it was always the practices of patient-artists that were targeted by mainstream artists when they attempted to radicalise their activities as painters and sculptors. Furthermore, the term also recognises the fact that these practices were learnable (transferable) processes that spread from artist to artist offering new tools for the subversion and radicalisation of mainstream art. Indeed dictionary definitions of the word ‘Simulation’ confirm that general usage associates the term with replicable actions that can be used over and over again without affecting the original state. As such, Simulation fits the central hypothesis of the thesis (i.e. the emulation of patient art featured in art movements such as Art Brut did not disappear, or become outmoded, in the postmodern era; rather it evolved and continued to be a viable creative idea for a wide range of practitioners). As one would expect in any process of replication, within each transmission and evolution the Simulations maintain only a symbolic relation to the actual deprivations of the psychotic condition. The replications continue because they are useful. As my practice shifted from an artist-centred mode of sculptural production (Modernism) to a reception-oriented intervention in the surrounding institutional environment (Postmodernism), the term ‘Simulation’ provided ‘guideline’ insights into my practice and a theoretical support for the experiences and reflections that inform the thesis.

Apart from introducing the concept of ‘Simulation’, my research, in deriving ideas from the psychotic condition (crucially those associated with hospitalisation), has explored artistic techniques for subverting and transforming institutionalised environments making new links between Modernist approaches to psychotic and outsider art and conceptual art (such as the use of text and narrative) and Postmodern techniques such as site-specificity and interventionism. It is my hope that this

connection gives the practical work I have developed in this research project a degree of originality and vision that can be taken forward by other practice-led researchers interested in reviewing Modernist practices in relation to contemporary creative contexts.

6.3 The future of Simulatory practice

In this section I would like to turn to the future of the ‘Simulation’ concept. In order to explore the potential of my term I will briefly speculate about the areas of research that might open up beyond the scope of my current project. The focus here is the field of activity where the concept of Psychotic Art has thrived without modification by mainstream artists and the development of audience-oriented practices. This is the form of psychotherapy known as Art Therapy which remains, in some respects, the home of the Psychotic Art concept through its encouragement of self-expression within the production of artworks. In an opposing argument by Vassiliadis however, Art Therapy is not the truest form of psychotic creation as it is limited in both its subject matter and expressive potential (Vassiliadis, 2008).

Nevertheless, what interests this researcher is the way in which Art Therapy has now expanded its field of application to address a range of psychological, physiological and societal conditions. Whilst the therapeutic value of art production has been used for individuals with a variety of disorders such as depression, bipolar disorder (where it can help patients battle negative self-images) and schizoaffective disorder, it is now also effective in the treatment of post-traumatic stress disorder (where it can help patients work through unresolved traumatic experiences, such as war or loss) (Wikipedia, 2007). Furthermore, because Art Therapy has a positive and

enhancing effect on self-image, it is included in the treatment of those suffering from Alzheimer's disease (Wikipedia, 2007), cancer and kidney disorders (Mother Nature, 2007). There is also evidence presented by Rhodes (2000), that artistic creation is also used as a therapeutic instrument for people with brain damage or hereditary illness, Downs Syndrome, as well as people with mental retardation (Rhodes, 2000, p.128). Lastly, the therapeutic use of artistic production has been successfully applied in prisons both in the United States of America and the United Kingdom for the rehabilitation of prisoners (Ohio State University Medical Center, 2007; Careers Scotland, 2007; British Association of Art Therapists, 2007; University of Hertfordshire, 2007).

It seems likely that, having undertaken a research project that proposes Simulation as the practice-led answer to the relationship between Psychotic Art and Postmodernism, there is now room for further work on forms of artistic Simulation that explore a diverse range of patient art beyond the area of psychosis. Given that Art Therapy is now based on the self-healing potential of the highly expressive practices of many different kinds of patient-artist, it seems plausible that new models of Simulation could be generated for mainstream artists as the therapists widen their activities. It is possible to imagine a number of Postmodernist Simulators working creatively with different models of patient-artist. These models could include people suffering from a variety of psychopathological conditions (depression, sexual disorders or eating disorders) or pathological conditions (such as brain damage, loss of vision, chemical imbalances).

Each one of the above states could potentially act as a platform for a novel Simulation process leading to new avenues in artistic direction. For example consider the artwork produced by people who have eating disorders. They would be likely to

combine certain obsessive thought processes (presumably about food and product consumption), with their own notions of fragility and dependence. Another example could be artistic work by people with brain damage, like Dutch artist Roy Wenzel, which involves disruptions in colour, form, and content. Artists with Downs Syndrome, like Appie Prinssen (b.1956) and Wilco Kreisel (b.1964)- whose work consists of simple forms and flat uses of colour depicting the essence of objects with a strong visual intensity- could also potentially instigate a Simulatory practice. Finally, the Schlumper artists' group in Germany which promotes the raw, symbolic art of mentally challenged individuals like Dwight Mackintosh (1906-1999) and Herbert Liesenberg, can also function as a plateau for new experimental approaches to art-making (Rhodes, 2000, pp.124-129). The kinds of Simulation practices that these models of creative practice might stimulate are the future of the postmodern evolution described in this thesis, and whilst this researcher is not in a position to identify where these new avenues of research might lead, he can propose the concept of Simulation as a constituent part of the intellectual platform on which further practice-led research could be undertaken in this area.

6.4 The scope of my research

The contribution of my research has been the concept of 'simulation' and the practical application of this idea in a Postmodernist context where the authenticity of the psychotic state is no longer in alignment with the authenticity of the creative artist. So far my conclusion has described three ideas: 1) the changes in artistic practice that occurred with the onset of Postmodernism (as opposed to Modernist practice); 2) the relevance and validity of the term 'Simulation' within the context of the above

changes; 3) the possible applications of this term in future avenues of artistic practice. In this last section I will try to demonstrate the validity of my thinking in relation to the original aims of my project. I originally set out to create a pattern of artistic creation influenced by psychosis, realising later on that the only way to do this, whilst making an original contribution as an artist, was to adapt the Modernist (and later Postmodernist) process of Simulation to my own goals and use it to create my own practice. It will be clear from what follows that the three ideas outlined above only partially answer these ambitions. However, it is my contention that real gains have been made and it is the task of this last part of this chapter to examine the actual scope of my research.

The first of the three ideas concerns the changes that have affected artistic practice in general as Modernism was slowly eclipsed by Postmodernism. These changes offered new goals and strategies to certain (sometimes key) artists (such as the ones presented in Chapter 5) who through their work continued to address Psychotic Art. This idea is in contrast to a widely held belief among contemporary artists that an interest in Psychotic Art is inseparable from a Modernist artistic sensibility. I have anecdotal evidence that this is true (from fellow artists), and certainly feel it myself as part of my own awareness of contemporary practice, but as far as I know there is no published material that would support further discussion. However, it does follow logically from Hal Foster's description of Postmodernist artists as manipulators of signs rather than producers of art objects, that Psychotic Art became outmoded because it celebrated the process of art production. If manipulating signs (and therefore achieving sophisticated, ironic interpretations in the mind of viewers) is more important than creating images and objects from the depth of one's authentic being (using impulses and motivations so hidden and dangerous that they

should not be deciphered or understood), then the whole idea of Psychotic Art seems impossible in a contemporary context. However, I have sought to persuade the reader that the shift from Modernism to Postmodernism has not rendered the concept of Psychotic Art irrelevant to contemporary practices (for example in the studies of contemporary artists in Chapter 5). I was therefore able to demonstrate the continuing evolution of the concept as an actual personal experience embedded in the shift in my artistic practice.

The second prominent idea was the term ‘Simulation’. This noun has proved to be a useful way of defining the Modernist uses of Psychotic Art, giving my thesis a semantic framework for understanding the goals of Expressionist, Surrealist and Art Brut artists in relation to the creative endeavours of patient-artists. I have not come across a similar use of this term in the literature on Psychotic Art and so here I present this coinage as the main theoretical contribution of my thesis. Once I had an effective descriptor for the Modernist interest in patient-art, one that could embrace the emulation of psychotic creativity as a symbolic and transferable process, I also had a way of continuing to find relevance, meaning, and potential for Psychotic Art in a Postmodernist context. This step opened up the intellectual background that supported the rapid development of my artwork during the last years of my research project.

The third idea concerned the application of the Simulation process to future fields of artistic activity. In establishing the efficacy of the concept of Simulation alongside a body of audience-oriented artworks, it seems to follow that other practice-led researchers could now act upon the potential of my work by exploring the other forms of patient art currently being made available by art therapists. This prospect is worth reflecting on because there is ample evidence that Art Therapy is expanding its

field of application across the full range of pathological and psychopathological conditions. However, the future implementation of Simulation in these expanded contexts remains entirely speculative and, despite the stimulating possibilities suggested by the practical research detailed in Chapter 5, I am not in a position to describe an optimal version of my project in which the concept of Psychotic Art evolves into the postmodern Simulation of all possible forms of patient-art.

Although this extended act of Simulation is not yet possible, I can describe and evaluate the ‘best’ version of my original project plan achieved during my research. From the perspective of a visual arts practitioner, the development of the term Simulation and the subsequent creative uses to which I have put this idea, transformed the production of my artworks into a postmodern, audience-oriented form of practice. The project described in this thesis offers a range of practical insights for other artists and may even encourage a reappraisal of the Modernist interest in Psychotic Art. The rapid growth of my practice is indisputably documented in this thesis, and although submerged within the academic and institutional context in which I undertook the research, it still achieved the level of non-conformism required by my ambitions as an artist. If there are other artists who are fascinated by creative non-conformism or by the emotional, perceptual and cognitive worlds that escape cultural codes, then the example of my progress as an artist may help them find a way forward in the current art climate. Simulation seems to be a versatile concept that does not only involve the resurrection and continuation of Psychotic Art but also entails the evolution of the patient-artist as a model for mainstream art practices. This last point is, I contend, a beneficial contribution to the future of practice-led research.

Finally, there are outcomes from my project that demonstrate the effectiveness of practice-led methods in the field of Psychotic Art. My text-pieces moved my own

perspective as sculptor from a Modernist restating of Psychotic Art to a contemporary engagement with the creative non-conformity of the act of reception. My thesis narrates this journey suggesting that doctoral research can be used to undertake highly relevant creative journeys. During my particular PhD voyage I examined the diverse bodies of literature that address the development of Psychotic Art and then used this knowledge to invent terminology to support, in turn, postmodern experimentations for artists who, as Dubuffet wrote in 1964, want to pursue poetic creation “not as a murmur but as a thunderclap” (Hollier & Mehlman, 1999, p.90).

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